

1 UNITED STATES OF AMERICA  
2 SOUTHERN DISTRICT OF ILLINOIS

3 JAMES G. HOWE, et al., )  
4 Plaintiffs, )  
5 v. ) No. 3:14-cv-00844-SMY-RJD  
6 SALVADORE GODINEZ, et al., ) BENTON, IL  
7 Defendants. )

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10 TRANSCRIPT OF BENCH TRIAL PROCEEDINGS  
11 VOLUME II

12 BEFORE THE HONORABLE STACI M. YANDLE  
13 UNITED STATES DISTRICT JUDGE

14 October 25, 2018  
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1 (Proceedings began in open court at 9:00 a.m.,  
2 parties present.)

3 THE CLERK: The Court calls Case No. 14-CV-844,  
4 *Howe, et al. versus Godinez, et al.* This matter is called  
5 for day two of bench trial.

6 THE COURT: Good morning.

7 MR. STOBBS: Good morning, Judge.

8 THE COURT: Before we get started, I understand  
9 there was a -- Mr. Simmons had a question about closing  
10 arguments. At the final pretrial, I did indicate that I  
11 thought I would take closing arguments as opposed to  
12 findings of fact and conclusions of law. But as I get  
13 into this, and particularly given the status of the  
14 Fourteenth Amendment law post *Kingsley*, and the circuit  
15 splits in terms of what the legal standards are, I'm  
16 definitely going to want findings of fact and conclusions  
17 of law. And we'll talk about the timeline with that.

18 And because of that, I'm happy to dispense with  
19 closing arguments. But if the parties want to do closing  
20 arguments, I'm happy to -- if you want to do that, that's  
21 fine, too. I'll let guys decide and tell me later.

22 MR. STOBBS: That's good. We'll just talk about  
23 it, I guess.

24 MR. ROCKERSHOUSEN: Okay.

25 THE COURT: So, I know Mr. Sprehe, you are happy

1 about the findings of fact and conclusions --

2 MR. SPREHE: Absolutely, Your Honor.

3 THE COURT: Okay, are we ready to proceed with Dr.  
4 Cauley's testimony?

5 MR. STOBBS: We are.

6 THE COURT: You may proceed, Mr. Stobbs.

7 DR. DEAN CAULEY,  
8 having been first duly sworn, was examined and testifies  
9 as follows:

10 DIRECT EXAMINATION (cont'd.)

11 BY MR. STOBBS:

12 Q. Dr. Cauley, yesterday we were talking about the  
13 two different reports that wrote. Do you remember that?

14 A. I do.

15 Q. And you basically wrote two reports for the Court;  
16 right?

17 A. Correct.

18 Q. And you were telling us yesterday that you relied  
19 on a boatload of documents; is that correct?

20 A. Yes.

21 Q. In order to form your opinion?

22 A. Yes.

23 Q. And I assume some you relied on more than others?

24 A. Some, I completely disregarded because I thought  
25 we were going in too many different directions. And then

1 as it got narrowed down, some I relied on a great deal.

2 Q. Good. I put in front of you some exhibits.

3 MR. STOBBS: And, Judge, I don't know what your  
4 preference is. I can list all of the numbers and ask him  
5 to tell what they are and then if he relied on them for  
6 his report, and then move to admit them, or individually,  
7 whatever you feel is the quickest.

8 THE COURT: whatever is in the flow of your --

9 MR. STOBBS: Okay.

10 THE COURT: However you want to do it, Mr. Stobbs.

11 MR. STOBBS: Okay. Thanks, Judge.

12 Q. (BY MR. STOBBS) Dr. Cauley, I put in front of you  
13 Exhibit 1, Exhibit 2, Exhibit 3, Exhibit 6, Exhibit 7,  
14 Exhibit 8, Exhibit 27, Exhibit 40, Exhibit 41, and Exhibit  
15 42. I'm going to go ask if you could look at all those  
16 exhibits.

17 A. Okay.

18 Q. And for each exhibit number, say like "Exhibit 11,  
19 the Rushville Handbook."

20 A. Correct.

21 Q. And Exhibit 2, if you could tell the judge what  
22 that is?

23 A. If I could just point out real quickly --

24 Q. Sure.

25 A. -- there's a particular portion of this that's

1 relevant, and that's --

2 Q. That makes it move along much faster.

3 A. It's a separate section having to do with their  
4 treatment outline, where they spell out --

5 THE COURT: Okay. Hold on. You're losing me  
6 because I'm not sure what "this" -- what we're referring  
7 to here.

8 Q. (BY MR. STOBBS) If you could tell Judge --

9 A. Exhibit No. 1, which is a large Illinois  
10 Department of Human Services --

11 THE COURT: why don't we do it this way. If you  
12 want to go through each individual exhibit, because we are  
13 still laying a foundation --

14 MR. STOBBS: Yes, ma'am.

15 THE COURT: Dr. Cauley, if you could just tell me  
16 -- give me the exhibit number, tell me what it is and tell  
17 me what, if anything, you relied upon.

18 THE WITNESS: Okay.

19 A. So, Exhibit No. 1 would be the Illinois Department  
20 of Human Services Treatment and Detention Facility  
21 Handbook. It says Resident Handbook at the bottom. And I  
22 relied a great deal on the treatment tracks which are  
23 towards the end of that 128 pages.

24 THE COURT: Okay. And Exhibit No. 1 is already in  
25 evidence, isn't it, Stacie?

1 MR. STOBBS: No.

2 THE CLERK: No.

3 MR. TYRRELL: Your Honor, I think it was included  
4 in Dr. Cauley's most recent report.

5 THE COURT: Okay. Okay. I got it.

6 MR. STOBBS: We would move for admission at this  
7 time, Judge. Exhibit 1.

8 THE COURT: Any objections?

9 MR. TYRRELL: Your Honor, the defendants would  
10 maintain their same objection we provided in regards to  
11 the treatment manual when it came in through Dr. Cauley's  
12 report, which was foundation and relevance.

13 THE COURT: Okay. Overruled.

14 Q. (BY MR. STOBBS) And just for each document, like  
15 Judge Yandle suggested, Dr. Cauley, Exhibit 2, please.

16 A. Exhibit 2 is the Inmate Orientation Manual from  
17 Big Muddy River Correctional Center. And I relied on that  
18 as far as how it outlined the treatment process.

19 THE COURT: Okay. And just let me clarify -- I'm  
20 sorry. Go ahead with your -- are you going to move that?

21 MR. STOBBS: Yes, ma'am.

22 THE COURT: Any objections?

23 MR. TYRRELL: No objection, Your Honor.

24 THE COURT: Let me just say, to any exhibits that  
25 there is an objection, if I overrule the objection, that's



1 going to be provisional because it may be for a limited  
2 purpose.

3 MR. STOBBS: Yes, ma'am.

4 THE COURT: Okay?

5 MR. STOBBS: I understand that.

6 THE COURT: And that may come -- all right. Go  
7 ahead.

8 A. Exhibit No. 3 is the Sexually Dangerous Person  
9 Program Procedures dated 2018, Dr. Holt. And there's a  
10 list of contents on the first page, and I paid a good deal  
11 of attention to that.

12 MR. STOBBS: We would move for its admission,  
13 Judge.

14 MR. TYRRELL: No objection.

15 THE COURT: Okay. So, Exhibit 3 is admitted  
16 without objection.

17 A. Exhibit 6 is the SDP schedule at the facility of  
18 Rushville, which lists hours and activities that they're  
19 involved in, and I relied on that.

20 MR. STOBBS: We would move for its admission,  
21 Judge.

22 MR. TYRRELL: Your Honor, I would object on  
23 relevance and foundation. But separate from my objection  
24 to Exhibit 1, there does appear some handwriting on this  
25 document. I don't believe there's any foundation for why

1 that handwriting is there or who, who wrote it.

2 THE COURT: You can ask him.

3 MR. TYRRELL: Okay.

4 THE COURT: Overruled. So, where are we -- you  
5 don't have any objections to 6; right?

6 MR. TYRRELL: Except for those objections that I  
7 stated, Your Honor.

8 THE COURT: Okay. Exhibit 6 is admitted over  
9 objection.

10 Q. (BY MR. STOBBS) Exhibit 7, Dr. Cauley.

11 A. Similarly, it's a daily schedule of activity but  
12 it's a more updated schedule. It's dated 2018 at the top  
13 left.

14 MR. STOBBS: We would move for its admission,  
15 Judge.

16 A. This is Rushville.

17 MR. TYRRELL: Same objection to relevance, Your  
18 Honor.

19 THE COURT: Overruled and admitted.

20 Q. (BY MR. STOBBS) Could you tell Judge Yandle what  
21 Exhibit 8 is, Dr. Cauley?

22 A. Exhibit 8 is a schedule. It has a floor layout,  
23 which wasn't so important to me, but there are parts of  
24 the schedule from Big Muddy. Additionally, there's a  
25 table on page four that I relied upon, as well as the

1 daily scheduling.

2 MR. STOBBS: We would move for its admission,  
3 Judge.

4 MR. TYRRELL: No objection, Your Honor.

5 THE COURT: Exhibit 8 is admitted without  
6 objection.

7 Q. (BY MR. STOBBS) Exhibit 27, Dr. Cauley.

8 A. Exhibit 27 is an outline of the Four Phase  
9 Treatment process at Big Muddy dated 2016, and this also  
10 was important to me.

11 MR. STOBBS: We would move for its admission,  
12 Judge.

13 MR. TYRRELL: Apologize, Judge. I didn't get the  
14 exhibit number.

15 MR. STOBBS: 27.

16 THE COURT: 27. Was there any objection?

17 MR. TYRRELL: Your Honor, I don't have the exhibit  
18 in front of me. Apologize.

19 THE COURT: It's your Four Phase Treatment  
20 process.

21 MR. TYRRELL: No objection to 27, Your Honor.

22 THE COURT: Plaintiff's 27 is admitted.

23 Q. (BY MR. STOBBS) And Exhibit 40, Dr. Cauley.

24 A. Exhibit 40 is the -- it's called the SOTIPS. It's  
25 a manual for rating sex offender progress and treatment.

1 And this is the manual from the publisher of that test.

2 Q. And why is that -- did you use that to form your  
3 opinion?

4 A. To a certain degree. There was discussion about  
5 how the ratings were taking place, and Big Muddy said that  
6 they were based on the SOTIPS model. So, I referenced the  
7 original manual.

8 MR. STOBBS: We would move for its admission,  
9 Judge.

10 MR. TYRRELL: Your Honor, we would object on the  
11 relevance and foundation of the document.

12 THE COURT: Plaintiff's Exhibit 40 is admitted  
13 over objection.

14 Q. (BY MR. STOBBS) And Exhibit 41, Dr. Cauley?

15 A. Exhibit 41 is what would appear to be blank master  
16 treatment plan templates from the Department of Human  
17 Services. And this was important to the degree that it  
18 lists out what are the items of criteria in a treatment  
19 plan.

20 MR. STOBBS: We would move for its admission,  
21 Judge.

22 MR. TYRRELL: And, Your Honor, same objection, to  
23 relevance and foundation concerning DHS documents.

24 THE COURT: Exhibit 41 is admitted over objection.

25 Q. (BY MR. STOBBS) And if you could take a look at

1 Exhibit 42 and tell Judge Yandle what it is and if you  
2 relied on it for your opinion.

3 A. Well, similarly, it's a template for a treatment  
4 plan. And it would be the portion where someone would put  
5 in clinical notes, diagnoses, and then do an evaluation of  
6 the person as far as behavioral indicators of cooperation.

7 MR. STOBBS: We would move for its admission,  
8 Judge.

9 MR. TYRRELL: Your Honor, same objection to  
10 relevance and foundation.

11 THE COURT: Exhibit 42 is admitted over objection.

12 Q. (BY MR. STOBBS) Yesterday, Dr. Cauley, you  
13 indicated that it was important to look at the history of  
14 Big Muddy; is that correct?

15 A. It is.

16 Q. And is that something you took into consideration  
17 when you prepared your report?

18 A. The history as far as the sort of concerns we've  
19 talked about, not just the general history.

20 Q. Now I'm going to ask you if you could take a look  
21 at Plaintiff's Exhibit No. 11 and tell Judge Yandle what  
22 that is, whether or not you relied on it, and how you  
23 relied on it.

24 A. 11, right?

25 Q. Yes.

1 A. 11. Yes, I did. I received this quite sometime  
2 ago. This is a copy of an article that was written in  
3 2013.

4 Q. By whom?

5 A. It was -- it says on it Pantagraph.com. And it  
6 appears to be something like a repeat of a news article  
7 that was printed.

8 Q. And so you relied on that?

9 A. I did. Very early on, this was one of the things  
10 that pointed out some concerns that had been there at that  
11 point for several years.

12 MR. STOBBS: We would move for its admission,  
13 Judge.

14 MR. TYRRELL: Your Honor, defendants would object  
15 to this exhibit on hearsay and relevance. Also,  
16 foundation concerning handwriting on the document.

17 THE COURT: I'm going to sustain that objection.  
18 There is no problem with the fact that Dr. Cauley may have  
19 relied on this to some degree for his opinions, but not  
20 everything the expert relies on is independently  
21 admissible. This is subject to hearsay. There is no  
22 objection that I am aware of.

23 Again, he can -- he's established it as part of  
24 what he relied upon. Maybe he's cross-examined on it,  
25 maybe not, but it is not independently admissible. So,

1 the objection is sustained as to 11.

2 Q. (BY MR. STOBBS) And if you could tell Judge  
3 Yandle what Exhibit 9 is?

4 A. 9 is a copy of John Howard Association of Illinois  
5 Monitoring Visit of Big Muddy in 2013.

6 Q. And did you rely on that?

7 A. I did. There were other documents by John Howard,  
8 and I looked at all of them.

9 Q. why did you rely on that?

10 A. Similarly, it's -- it was setting a time frame for  
11 me that certain problems had been repeatedly brought up or  
12 brought to the attention, and we were looking at them  
13 again three or five years later.

14 Q. And had the conditions changed?

15 A. They had not.

16 MR. STOBBS: We would move for admission of  
17 Plaintiff's Exhibit 9, Judge.

18 MR. TYRRELL: Your Honor, the defendants have the  
19 exhibit -- or same objections, specifically hearsay and  
20 relevance.

21 THE COURT: I'm going to, again, provisionally  
22 admit this over plaintiff's [sic] objection, and it is  
23 going to be subject to a proper foundation whether or not  
24 this is -- this remains independently admissible.

25 MR. STOBBS: I understand.

1 THE COURT: I'm going to have to take that up in  
2 the flow of the testimony.

3 MR. STOBBS: I understand.

4 Q. (BY MR. STOBBS) And if you could give those back  
5 to me, Dr. Cauley.

6 (Pause.)

7 Dr. Cauley, I am going to hand you what I have  
8 marked as Plaintiff's Exhibit 12. And if you could please  
9 tell Judge Yandle what that is, whether or not you relied  
10 upon it for your report, and how.

11 A. I did. This is the Standard Operating Procedure  
12 Manual for Mental Health dated 2017. And it --

13 THE COURT: This is an IDOC manual?

14 MR. STOBBS: I believe so.

15 THE COURT: Is that an IDOC manual, Doctor?  
16 Illinois Department of Corrections --

17 THE WITNESS: It is. Yes, it is.

18 THE COURT: Okay.

19 A. And it outlines services and, in some ways, what  
20 would be the minimum standard in certain areas of  
21 treatment. And it goes into civil commitment towards page  
22 48.

23 THE COURT: Are you moving 12?

24 MR. STOBBS: I'm moving 12, Judge, for admission.

25 MR. TYRRELL: No objection, Your Honor.



1 THE COURT: Plaintiff's Exhibit 12 is admitted  
2 without objection.

3 Q. (BY MR. STOBBS) Dr. Cauley, yesterday, you also  
4 indicated that it was important for you to review the  
5 records of the plaintiffs; is that correct?

6 A. It is.

7 Q. And if we could -- I don't think that, in our  
8 pretrial discussion with the Attorney General, they had  
9 any objection to these, so we can move through them  
10 quickly. If you could just tell -- like what we did at  
11 the very beginning, if you could tell Judge Yandle what  
12 they are, whether or not you relied on them, then I'll  
13 move for the admission.

14 No. 4?

15 A. No. 4 is some semi annual program evaluations.  
16 One of is Mr. Howe. The one that I looked at in  
17 particular was behind that, and it's identified by an  
18 inmate number which is in brackets. And it's also a  
19 rating sheet.

20 MR. STOBBS: We would move for its admission,  
21 Judge.

22 MR. TYRRELL: No objection, Your Honor.

23 THE COURT: Plaintiff's Exhibit 4 is admitted  
24 without objection.

25 Q. (BY MR. STOBBS) And how about Exhibit 14, Dr.

1 Cauley.

2 A. Exhibit 14 is a Wexford Health evaluation of Mr.  
3 Howe and it is dated 2015.

4 MR. STOBBS: We would move for its admission,  
5 Judge.

6 MR. TYRRELL: No objection, Your Honor.

7 THE COURT: Plaintiff's Exhibit 14 is admitted  
8 without objection.

9 Q. (BY MR. STOBBS) And how about Exhibit 15.

10 A. 15 is a Wexford evaluation of Mr. Kallal.

11 MR. STOBBS: We would move for its admission,  
12 Judge.

13 MR. TYRRELL: No objection, Your Honor.

14 Q. (BY MR. STOBBS) And how about 16?

15 THE COURT: Plaintiff's Exhibit 15 is admitted.

16 A. 16 is a Wexford evaluation of Mr. Needs.

17 MR. STOBBS: We would move for its admission,  
18 Judge.

19 MR. TYRRELL: No objection, Your Honor.

20 THE COURT: Plaintiff's Exhibit 16 is admitted.

21 Q. (BY MR. STOBBS) And how about 17, Dr. Cauley?

22 A. 17 is a sheet that is entitled Intensive Therapy  
23 and it apparently outlines the ticket process.

24 MR. STOBBS: And we would move for its  
25 admission, Judge.

1 MR. TYRRELL: Your Honor, defendants would object  
2 to this exhibit just because there IS additional  
3 handwriting in the document. It appears to be from one of  
4 the plaintiffs.

5 THE COURT: And?

6 MR. TYRRELL: And there's a lack of foundation for  
7 the handwriting.

8 THE COURT: Okay. The handwriting is not the  
9 evidence, Mr. Tyrrell.

10 MR. TYRRELL: Yes, Your Honor.

11 THE COURT: Objection is overruled. 17 is  
12 admitted.

13 Q. (BY MR. STOBBS) How about No. 18, Dr. Cauley?

14 A. I'm going to have to open this up. This is a big  
15 thing here.

16 Q. Just don't drop them.

17 A. It appears to be the file of Mr. Charles. And it  
18 has his program evaluations in it; it has treatment notes  
19 in it, which would have been group notes; tickets he's  
20 received; and handwritten notes from his group process.  
21 And it's covering quite a period of time.

22 Q. Did you rely on that to form your opinion?

23 A. I did.

24 MR. STOBBS: We would move for the admission of  
25 Exhibit 18, Judge.

1 MR. TYRRELL: Your Honor, defendants would object  
2 to portions of Defendant's Exhibit 18. This treatment  
3 packet goes all the way through and includes dates back to  
4 2010. I think that's beyond the scope of injunctive  
5 relief sought in this case.

6 THE COURT: It's not beyond the scope of the  
7 relevant inquiry of this court. Objection is overruled.  
8 Plaintiff's Exhibit 18 is admitted.

9 Q. (BY MR. STOBBS) How about Exhibit 19, Dr. Cauley?

10 A. Exhibit 19 is -- it is a schedule of activity for  
11 Mr. Howe for 2014, 2015, and part of 2016, where he  
12 calculated time of treatment.

13 Q. Did you rely on that for your -- to form your  
14 opinion?

15 A. I did.

16 MR. STOBBS: We would move for the admission of  
17 19, Judge.

18 MR. TYRRELL: No objection, Your Honor.

19 THE COURT: Plaintiff's Exhibit 19 is admitted.

20 Q. (BY MR. STOBBS) And how about Exhibit 20, Dr.  
21 Cauley.

22 A. Exhibit 20 is also semi annual program reviews on  
23 Holmes and Howe. They're together in here. And it also  
24 lists Mr. Howe's treatment plan and then his program  
25 evaluation.

1 MR. STOBBS: We would move for its admission,  
2 Judge.

3 MR. TYRRELL: Your Honor, defendants would object  
4 to the portions of Plaintiff's Exhibit 20 that includes  
5 information on a Mr. Holmes. He's not a plaintiff in this  
6 case. So, relevance.

7 THE COURT: Overruled. The Court is able to  
8 decipher what portions of the documents may be relevant or  
9 not, and what portions need to be disregarded. Subject to  
10 plaintiff's -- I mean, defendant's objection, 20 is  
11 admitted.

12 Q. (BY MR. STOBBS) And how about Exhibit 21.

13 A. 21 is handwritten work done by Mr. Howe this year,  
14 where he goes through issues that would normally arise out  
15 of the treatment process like thinking errors, relapse,  
16 seemingly unimportant decisions which we talked about a  
17 little bit yesterday. And it's a pretty substantial  
18 package of his insight into his offending.

19 MR. STOBBS: We would move for that, the admission  
20 of that exhibit, Judge.

21 THE COURT: Did you rely on that document?

22 THE WITNESS: I did, in comparison to how he's  
23 being rated at the facility.

24 THE COURT: Okay. Any objections?

25 MR. TYRRELL: Yes, Your Honor, for hearsay.

1 THE COURT: Plaintiff's Exhibit 21 is admitted  
2 over objection.

3 Q. (BY MR. STOBBS) Exhibit 22. If you will look at  
4 that, Dr. Cauley, and the same thing?

5 A. well, this would be the, the facility's reports  
6 starting out with a probation notice to Mr. Howe. And  
7 then there are, from the facility, group notes and  
8 treatment reviews, much of which unfortunately have been  
9 redacted. And then the group notes, many them had been  
10 redacted out before I got them.

11 Q. Did you rely on those for your report?

12 A. I did.

13 MR. STOBBS: We would move for the admission of  
14 that exhibit, Judge.

15 MR. TYRRELL: No objection, Your Honor.

16 THE COURT: Is that 22?

17 MR. TYRRELL: Yes.

18 MR. STOBBS: Yes, ma'am.

19 THE COURT: Plaintiff's Exhibit 22 is admitted  
20 without objection.

21 Q. (BY MR. STOBBS) How about Exhibit 23, Dr. Cauley?

22 A. Similarly, these are group notes, program tickets,  
23 and treatment reviews on Mr. Howe.

24 Q. Did you rely on those to form your opinion?

25 A. I did.

1 MR. STOBBS: We would move for the admission of  
2 Exhibit 23, Judge.

3 MR. TYRRELL: No objection, Your Honor.

4 MR. STOBBS: Exhibit 24, Dr. --

5 THE COURT: Plaintiff's Exhibit 23 is admitted.

6 MR. STOBBS: I'm sorry.

7 Q. (BY MR. STOBBS) Exhibit 24, Dr. Cauley?

8 A. 24 is -- it looks like the time calculation.  
9 Maybe I looked at that twice. Is it a time calculation  
10 sheet of treatment?

11 Q. Kallal's therapy.

12 A. Yes.

13 Q. Did you rely on that?

14 A. I did.

15 MR. STOBBS: We would move for the admission of  
16 24, Judge.

17 MR. TYRRELL: No objection, Your Honor, to 24.

18 THE COURT: Plaintiff's Exhibit 24 is admitted.

19 Q. (BY MR. STOBBS) How about Exhibit 25?

20 A. 25 would be the treatment -- coming from the  
21 facility on Mr. Kallal, which would be treatment reviews,  
22 treatment plans. Looks like his evaluations that are done  
23 and diagnoses, and then some group notes.

24 Q. Did you rely on that to form your opinion?

25 A. I did.

1 MR. STOBBS: We would move for the admission of  
2 25, Judge.

3 MR. TYRRELL: And, Your Honor, defendants would  
4 only object to the extent there's old records in there,  
5 but I understand the Court's ruling.

6 THE COURT: Plaintiff's Exhibit 25 is admitted  
7 over objection.

8 Q. (BY MR. STOBBS) How about Exhibit 26?

9 A. These would be the notes from the facility as  
10 related to Mr. Needs.

11 Q. Did you rely on that to form your opinion?

12 A. I did.

13 MR. STOBBS: We would move for the admission of  
14 that, Judge.

15 MR. TYRRELL: No objection to Plaintiff's 26.

16 THE COURT: Plaintiff's Exhibit 26 is admitted.

17 Q. (BY MR. STOBBS) How about Exhibit 27?

18 MR. ROCKERSHOUSEN: I believe that was already --

19 THE COURT: It's already been admitted.

20 THE WITNESS: Yes.

21 MR. STOBBS: Okay.

22 Q. (BY MR. STOBBS) Could you take a look at Exhibit  
23 28, Dr. Cauley?

24 A. I am.

25 Q. And what is that?



1 A. This relates to an issue from Mr. Howe regarding  
2 his diagnoses and how it had been changed.

3 Q. And is that something you relied on?

4 A. I did. It was a part of a larger file when I  
5 looked at it, but I relied on that document.

6 MR. STOBBS: We would move for its admission.

7 MR. TYRRELL: Your Honor, defendants would object  
8 to Exhibit 28 on hearsay grounds.

9 THE COURT: Overruled. Plaintiff's Exhibit 28 is  
10 admitted.

11 Q. (BY MR. STOBBS) How about 29, Dr. Cauley?

12 A. 29 are grievance forms from Mr. Kallal, complaints  
13 about property issues, and responses from the facility to  
14 him.

15 Q. And is that something you relied on?

16 A. It was.

17 MR. STOBBS: We would move for its admission,  
18 Judge.

19 MR. TYRRELL: Your Honor, defendants would object  
20 to Plaintiff's 29 on relevance, hearsay, and foundation.

21 THE COURT: Overruled.

22 Q. (BY MR. STOBBS) And Exhibits 30 and 31, those are  
23 the same documents but one -- 30 is for Needs and 31 is  
24 for Howe; is that correct?

25 A. Correct. There are grievances and responses.

1 Q. And did you rely on 30 and 31 to form your  
2 opinion?

3 A. I did.

4 MR. STOBBS: We would move for the admission of  
5 Plaintiff's Exhibit 30 and Plaintiff's Exhibit 31, Judge.

6 MR. TYRRELL: Your Honor, defendants object to  
7 both Plaintiff's Exhibit 30 and 31 because of hearsay,  
8 relevance, and foundation.

9 THE COURT: Admitted over objection.

10 Q. (BY MR. STOBBS) And how about Exhibit 34, Dr.  
11 Cauley?

12 A. These are copies of incident reports at the  
13 facility describing things that had happened and the  
14 response from the facility.

15 Q. And did you rely on those?

16 A. I did.

17 Q. How?

18 A. This came to the issue of how the disciplinary  
19 issues might be interfering with the treatment process,  
20 that they might do something that would lead to them being  
21 removed either from treatment or from the housing unit.  
22 It came into issues of segregation or suspension from  
23 treatment.

24 MR. STOBBS: We would move for the admission of  
25 Plaintiff's Exhibit 34, Judge.

1 MR. TYRRELL: Your Honor, just to clarify.

2 Plaintiff's Exhibit 34 is a two-page document?

3 THE WITNESS: 44?

4 MR. TYRRELL: 34.

5 THE WITNESS: And 44.

6 MR. STOBBS: And 44.

7 THE WITNESS: 44. Okay, yes --

8 THE COURT: No. No. Let's focus on 34. He said  
9 he has 44.

10 THE WITNESS: Yes, I have 44.

11 Q. (BY MR. STOBBS) Look at 34.

12 A. All right.

13 Q. I think you misheard me. Here's 34. If you could  
14 look at 34 and tell Judge Yandle what that is.

15 A. It is a two-page document, and it's an incident  
16 report like the other one I had talked about, where Mr.  
17 Kallal received a major incident.

18 Q. And is that something you relied on to form your  
19 opinion?

20 A. Yes.

21 MR. STOBBS: Judge, we would move for the  
22 admission of Document 34 -- Plaintiff's Exhibit 34.

23 MR. TYRRELL: No objection, Your Honor.

24 THE COURT: Plaintiff's Exhibit 34 is admitted  
25 without objection.

1 Q. (BY MR. STOBBS) And if you could -- you have  
2 already looked at 44.

3 A. Correct.

4 Q. And we'll go through the routine again. This is  
5 the last one in this batch. So, if you could tell, again,  
6 Judge Yandle what that is.

7 A. It's the same sort of thing. It's an incident  
8 report on the unit, apparently, and then the facility's  
9 response. And then it's signed off at the bottom.

10 Q. And how did you rely on that?

11 A. Well, that's the same thing. It was about issues  
12 that are interrupting the treatment process, how they're  
13 dealt with as far as institutional violations.

14 Q. Okay.

15 MR. STOBBS: And we would move for the admission  
16 of 44, Judge.

17 MR. TYRRELL: Your Honor, defendants object to  
18 Plaintiff's Exhibit 44 on relevance because it isn't  
19 concerning the plaintiffs in this case.

20 THE COURT: Is it -- my understanding is, it's an  
21 incident that reports on an entire incident on the unit.  
22 Is that correct, Doctor?

23 THE WITNESS: Well, the names are redacted. So,  
24 what it goes through is -- it appears to be an incident in  
25 the unit, correct.

1           THE COURT: Okay. And I understand you relied on  
2     it to give you context and for your total picture of how  
3     -- the relationship between disciplinary actions and  
4     treatment, et cetera, on the unit.

5           THE WITNESS: When I looked through them, of  
6     course, they were clumped in different arrangements. And  
7     it was part of the process of things like institutional  
8     violations leading to an interruption of treatment.

9           THE COURT: Giving you the big picture.

10          THE WITNESS: Giving me the big picture.

11          THE COURT: All right. But to the extent that the  
12     document itself does not relate to any of these plaintiffs  
13     -- I understand it gives you a picture. I understand that  
14     it's appropriate for you to rely on that. But as to  
15     whether or not it's independently admissible, I'm going to  
16     sustain defendant's objection without any further  
17     foundation -- subject to any further foundation. But  
18     it's, it's sustained and then will not be admitted.

19          Part of the problem --

20          MR. STOBBS: I understand.

21          THE COURT: Hold on. Part of the problem -- and I  
22     gave you the option, and so we're going to have to  
23     backtrack. But part of the problem is, is that even  
24     though the expert relied on documents doesn't mean that  
25     the documents themselves are independently relevant and

1 admissible without foundation. And some of these, I can  
2 tell right off the bat, they're not.

3 The others, it's going to depend on where we are  
4 at the completion of Dr. Cauley's testimony because, at  
5 that point, what I'm going to instruct Michelle to do is  
6 to take me through each one of these that were admitted  
7 and then we're going to revisit whether they independently  
8 are admissible.

9 MR. STOBBS: What I was going through in my brain  
10 was to figure out what, in my mind, is the most important,  
11 so that I don't just waste everyone's time trying to get  
12 something in just because I can.

13 THE COURT: You're not wasting my time. I mean --

14 MR. STOBBS: I know what you're saying, though. I  
15 agree with you -- I got it.

16 THE COURT: Yeah, either way -- you know what? If  
17 it would --

18 MR. STOBBS: I got it.

19 THE COURT: -- if it would split up the testimony  
20 by going -- I'm happy doing it this way and then, because  
21 we have a record at the close of evidence, what I'm going  
22 to do is go back and revisit and see if the defendants  
23 still have an objection. And at that point, we will know  
24 to what extent --

25 MR. STOBBS: Yeah.

1 THE COURT: -- foundation was laid or not. So, I  
2 think that's -- I actually think that's the easiest way.

3 MR. STOBBS: Yeah, and I got where you are going  
4 and I, I -- I got where you are going and I, I completely  
5 understand it.

6 Q. (BY MR. STOBBS) Dr. Cauley, if I could get those  
7 back? We're almost done with these. And part of what you  
8 did, Dr. Cauley, in determining -- you're interested in  
9 how long the group sessions lasted; right?

10 A. Correct.

11 Q. And a way that you could learn about the -- who --  
12 how many people were in the session, how long they lasted,  
13 would be the sign-in sheets; is that right?

14 A. In part. Some of the men kept their own records,  
15 also.

16 Q. And the sign-in sheets are something that would  
17 have been kept by IDOC?

18 A. Correct.

19 Q. And if you could take a look at Exhibits:  
20 35, which is the sign-in sheet for Mr. Charles;  
21 36, which is the sign-in sheet for Mr. Howe;  
22 Exhibit 37, which is the sign-in sheet for Mr.  
23 Kallal; and  
24 Exhibit 38, which is the sign-in sheet for Mr.  
25 Needs.

1           If you could take a look at those, tell Judge  
2 Yandle whether or not you relied on those, and how you  
3 relied on those.

4           A.       I did rely on these. Basically, it was able to  
5 give me a count of the number of men in a group as it met.

6           Q.       And you relied on those to form your opinion?

7           A.       I did.

8           MR. STOBBS: We would move for the admissions of  
9 Exhibits 35, 36, 37, and 38.

10          MR. TYRRELL: Your Honor, defendants would only  
11 object to 35, 36, 37, and 38 to the extent they contain  
12 old -- in defendant's position -- irrelevant documents.

13          THE COURT: Overruled. Plaintiff's Exhibits 35,  
14 36, 37, and 38 are admitted over defendant's objection.

15          Q.       (BY MR. STOBBS) And there also -- you indicated  
16 in your report that you also relied on a deposition that  
17 Dr. Holt gave; is that correct?

18          A.       I did.

19          Q.       I'm going to ask you if you could take a look at  
20 Plaintiff's Exhibit 86 and tell the judge if that's the  
21 deposition that you relied on and that you discuss in your  
22 report?

23          A.       It is.

24          MR. STOBBS: We would move for the admission of  
25 Exhibit 86, Judge.



1 MR. TYRRELL: Hold on one moment, Your Honor.  
2 Apologize. (Pause.) Your Honor, defendants would object  
3 to Plaintiff's Exhibit 86. It was a late disclosure. It  
4 was not, I believe, part of plaintiff's pretrial  
5 disclosures. Defendants would also object as relevance.  
6 It's a 2014 deposition of Dr. Holt concerning a  
7 nonplaintiff in this matter.

8 THE COURT: Mr. Stobbs, was the transcript timely  
9 disclosed?

10 MR. STOBBS: I'm not sure, Judge. (Pause.) We  
11 got it -- from what I understand, Judge, the -- what Dr.  
12 Cauley relied on was a redacted -- was a redacted  
13 deposition.

14 Q. (BY MR. STOBBS) Is that correct?

15 A. Received through the men, prior to them being  
16 represented. It was a redacted copy of the deposition  
17 that I received prior to you being involved.

18 MR. STOBBS: And, Judge, as an officer of the  
19 court, I think what happened is, as soon as we found out  
20 who it was, we contacted the attorney who represented the  
21 inmate. He got it to us. It was sent to Mr.  
22 Rockershausen in an e-mail.

23 THE COURT: Okay. Well, here's the deal with  
24 that: At best, the transcript would contain admissions of  
25 a party even though it was not taken in this case. For

1 instance, if there are admissions that Dr. Howe [sic] made  
2 in that transcript relative to the program itself, that's  
3 an admission of a party. That would be relevant here. It  
4 could be used to impeach Dr. Howe, if he should testify.  
5 But by itself, the transcript is not independently  
6 admissible so I'm going to sustain the objection.

7 Again, he may be subject to cross-examination by  
8 any statements that he may have made there, and if not, if  
9 the plaintiffs determine that there are certain admissions  
10 that are set forth in that transcript that are relevant to  
11 the claims and defenses in this case, I will allow you to  
12 read those admissions in the -- or make the -- or make  
13 those excerpts.

14 MR. STOBBS: Perfect.

15 THE COURT: But as a whole, the transcript is  
16 inadmissible.

17 MR. STOBBS: I understand.

18 Q. (BY MR. STOBBS) Dr. Cauley, I'm going to ask you  
19 to take a look at exhibit -- Plaintiff's Exhibit 5. And  
20 if you could tell Judge Yandle what that is?

21 A. This is a copy of the Joint Committee on  
22 Administrative Code, Administrative Rules. And it's a  
23 section of that document that I had looked at in response  
24 to treatment methods and guidelines.

25 MR. STOBBS: We would ask you to take judicial

1 notice of Exhibit 5, Judge.

2 THE COURT: Mr. Tyrrell?

3 MR. TYRRELL: Your Honor, defendants would object  
4 to Plaintiff's Exhibit 5 on relevance. As the Court made  
5 it clear, the proper standards, the Fourteenth Amendment  
6 standard, not whether or not we --

7 THE COURT: I'm sorry?

8 MR. TYRRELL: I'm sorry, Your Honor. I think the  
9 proper standard here is the Fourteenth Amendment standard,  
10 not whether or not we comply with Administrative Code  
11 provisions.

12 THE COURT: I also indicated Administrative Code  
13 provisions can be evidence of the professional standard.  
14 And I take it that that's, in that context, that you  
15 relied on or considered those?

16 THE WITNESS: Well, as an additional note, this is  
17 a recently updated version of that Code -- of that  
18 Administrative Code. I also looked at the prior one. So,  
19 I looked at both, both of those models in relation to this  
20 case.

21 THE COURT: Again, I'll provisionally admit  
22 Plaintiff's Exhibit 5 over defendant's objection.

23 Q. (BY MR. STOBBS) I'm going to hand you Plaintiff's  
24 Exhibit 13, Dr. Cauley. And if you could tell Judge  
25 Yandle what that is, whether or not you relied on it, and

1 how you relied on it.

2 A. It's a copy of the Sex Offender Management Board  
3 Act. And I did review it more than once, and I relied on  
4 a portion of it.

5 THE COURT: And for what purpose did you rely on  
6 that document?

7 THE WITNESS: As I recall, it was -- (pause) --  
8 towards the end of it, it speaks specifically about  
9 sentencing and treatment based upon evaluation. And there  
10 was a portion of it that seemed relevant to me at the time  
11 that I can't locate.

12 THE COURT: Okay.

13 MR. STOBBS: We would move for its admission.

14 THE COURT: Mr. Tyrrell?

15 MR. TYRRELL: Your Honor, defendants -- apologize,  
16 Your Honor. Defendants object on relevance.

17 THE COURT: I'm going to sustain the objection, at  
18 this point. Of course, that's subject to if you laid a  
19 proper foundation --

20 MR. STOBBS: Sure.

21 THE COURT: -- throughout the course of testimony,  
22 we can revisit it. But at this point, the relevancy and  
23 materiality is not apparent to the Court.

24 Q. (BY MR. STOBBS) How about Plaintiff's Exhibit 39?

25 A. This is an outline of the Sex Offender Evaluation

1 and Treatment Provider Act from the Illinois General  
2 Assembly.

3 Q. And how did you rely on that?

4 A. If I could have a moment?

5 Q. Sure. Take your time.

6 A. (Pause.) Probably to a lesser degree. This is  
7 about licensing of the facilities for individuals.

8 THE COURT: Are you going to move it?

9 MR. STOBBS: We'd move for its admission.

10 MR. TYRRELL: Your Honor, same objection, for  
11 relevance.

12 THE COURT: Objection is sustained.

13 Q. (BY MR. STOBBS) Dr. Cauley --

14 MR. STOBBS: Thanks, Judge.

15 Q. (BY MR. STOBBS) And finally, regarding the  
16 different things that you relied on, you relied on the  
17 Sexually Dangerous Persons Act in Illinois; is that  
18 correct?

19 A. Correct.

20 Q. And that's found at 725 ILCS 205?

21 A. I assume, yes.

22 Q. And we are finished with the exhibits. So, what I  
23 want to do now, Dr. Cauley, is to kind of talk a little  
24 bit about if you are aware of the historical responses at  
25 Big Muddy to some of these, these problems that you talked

1 about.

2 A. I was, and that was part of my first report, and  
3 that was what was going through a lot of the documents was  
4 about. That after I had formulated, I guess, my concerns  
5 or what I thought were -- would be my concerns, I looked  
6 through the records at length and found the articles we  
7 had talked about, the John Howard publications, and then  
8 actual reports from other people who we haven't talked  
9 about that spelled out the similar concerns going back in  
10 time. And that was in my first report. This has been --  
11 the concerns we're having today have been consistent  
12 concerns as far back as 2013, maybe further.

13 Q. And do you remember the responses from Big Muddy?

14 A. As I listed in the report, on the occasions that  
15 they were brought to them as far as the prison setting or  
16 overcrowding or staff ratios, there was some statement of  
17 intending to correct it. And then we would see another  
18 review of someone else a year or two later saying the same  
19 things.

20 Q. And in your opinion regarding the actions of Big  
21 Muddy, you indicated they were deficient?

22 A. In some regards, yes.

23 Q. Could you tell Judge Yandle how?

24 A. Deficient in treatment, yes. Treatment provided.  
25 Obviously, an hour a week wouldn't be the generally

1 accepted standard of treatment. Also, some of the  
2 documents that had just been entered talked about groups  
3 that are on hold or unavailable, despite the fact that I  
4 had seen repeated requests by the gentlemen to have those  
5 groups, Relapse Prevention or Substance Abuse, they were  
6 not available.

7 One of the documents that was entered was a four  
8 stage treatment model. And if we look at it, we see that  
9 actually to have gone through that you would have to have  
10 taken programs that were on hold. So, it was like classes  
11 were prerequisites but we're not offering the  
12 prerequisite.

13 I had also talked about the fact that an hour,  
14 both as a weekly total and even in and of itself, is a  
15 little too brief with the size of the population. So that  
16 -- I think a lot of it would just basically tie back into  
17 understaffing. When it's understaffed, you have fewer  
18 groups, bigger groups, less programs available, and, and  
19 the men can't move forward. So, in that regard, yes.

20 Q. And do you have an opinion regarding the barriers  
21 to treatment at Big Muddy?

22 A. I think there are several barriers to treatment.  
23 Most obviously would be of something that someone needs to  
24 take, particularly if that was their diagnosed disorder  
25 for the referral, is not available to them. That's an

1 immediate barrier to treatment.

2 If we get into incidents that are not  
3 treatment-related being dealt with in a correctional way,  
4 like one of the documents was talking about untucked  
5 shirts and violation of policy that require the person be  
6 suspended from treatment, that's a barrier, too.

7 I also think it's a barrier on a more subtle level  
8 when a group's so large that people can get lost in it,  
9 and so brief that people aren't getting attention. They,  
10 they -- somebody had talked about, or more than one person  
11 had talked about yesterday, they're rotating around a  
12 group. So, if you've got 18 guys in the group, that's a  
13 long, long wait to get some attention. So, that would be  
14 a barrier.

15 It would just be: How much attention can a  
16 treatment provider provide to an individual in that  
17 situation?

18 Q. Have you ever experienced outside intervention  
19 into a program such as this?

20 A. I have.

21 Q. Could you explain that to Judge Yandle?

22 MR. TYRRELL: Objection, Your Honor, just for  
23 relevance.

24 THE COURT: Overruled.

25 A. Several times. There was involvement in Florida



1 where, I think similarly to here, the special needs  
2 residents weren't getting special programming; they  
3 weren't getting programming being catered to them, being  
4 illiterate or slow learners or whatever. And there was an  
5 action taken, that they needed to implement a separate  
6 program for the people that would qualify for that, or  
7 have the need for that.

8 In the Minnesota program, there were concerns  
9 about how evaluations were being done and I was involved  
10 in that, and that was the focus of my testimony. And, as  
11 a result, that judge appointed an overseer or a Special  
12 Master to make sure the program started to steer a  
13 different course. And that was also done in Washington  
14 State, where there was an oversight put on the program.

15 Q. Do you remember how that worked?

16 A. I'm not -- I don't know the particulars of the  
17 concern, but I do know that the facility did not comply.  
18 And that became news after awhile, that the facility did  
19 not comply with the directive, and they started to receive  
20 fines.

21 Q. When you were talking a little bit about the  
22 Sexually Dangerous Persons Act in Illinois, is that  
23 similar to other statutes you have dealt with?

24 A. Similar in some ways. I think the treatment is  
25 similar or if not identical, and the goals are similar. I

1 think the criteria of how they got there is slightly  
2 different, but I think the population is the same.

3 Q. And what about in terms of treat and release after  
4 the briefest time possible? What's your experience with,  
5 with that?

6 A. That's the benchmark. I have heard that over the  
7 past 15 years. That's the mantra of providing these types  
8 of services, is that you, as quickly as possible, prepare  
9 the person to return to the community as a lower risk  
10 offender. Give them the resources they need to succeed,  
11 and return them to the community.

12 Q. Is that based on any program from any other  
13 country?

14 A. In part, it's based on the Canadian programming.  
15 The Canada programs, they have been doing it a little  
16 longer. They're also where a lot of the testing we use  
17 was developed on their population. And they don't make a  
18 practice of detaining people as long as we do here.

19 Q. What is the -- in your experience -- the general  
20 amount of time that someone is civilly committed before  
21 they are released?

22 A. In that situation?

23 MR. TYRRELL: Objection, Your Honor, foundation,  
24 leading.

25 THE COURT: Foundation. It's sustained.

1 Q. (BY MR. STOBBS) what -- and you have -- you were  
2 talking about the Canadian program. If -- is that  
3 something that's been applied to other states, in Florida,  
4 for example?

5 A. The treatment process?

6 Q. Yes.

7 A. Yes.

8 Q. And what is your experience with that?

9 A. The Canadian programs are the ones that started  
10 the Good Lives Model that I mentioned of giving someone  
11 the more holistic skills, education, interpersonal skills,  
12 and returning them to the community as quickly as  
13 possible. And that has started to trickle into the  
14 mindset that we're using here.

15 Q. When, when you have -- in that situation, are  
16 there any sort of empirical data that you have that's  
17 relied on?

18 A. As far as the effectiveness of the program?

19 Q. No, in terms of like the age of the individual or  
20 something like that.

21 A. There was a study -- I, I -- I'm thinking this is  
22 what you are asking. There was a study that was done  
23 where they compared one of the Canadian programs, which  
24 was high risk sexual offenders, with one of the programs  
25 in the United States and ran a bunch of demographics to

1 see if these are actually similar populations. Is that  
2 what you are asking?

3 Q. No. Suppose you have a guy who is 60 or 70 years  
4 old. Is there -- recidivism become lower?

5 A. Oh, that's just -- yeah, that's just standard  
6 accepted stuff, yeah.

7 Q. If you could explain that to Judge Yandle.

8 A. There was always a consistent feeling in the  
9 research community that at a certain age, certain  
10 disorders begin to decline as far as the risk. And it was  
11 not unfamiliar to people with a criminal justice  
12 background that older criminals commit less crimes than  
13 younger criminals, and there was some research to say that  
14 maybe an anti-social personality declines at about 45 or  
15 50.

16 A lot of research was done. And in 2008, it was  
17 brought out at one of the professional -- or probably the  
18 most relied upon professional group in sex offender  
19 treatment that they had now changed risk assessments to  
20 incorporate age as, as -- it's almost like an actuarial  
21 assessment of risk, and age is such a big mitigator that  
22 they eventually included it in. It wasn't really subject  
23 to debate anymore.

24 So, an offender who clears the age of 60 could  
25 have a significant reduction in their risk just based upon

1 age alone.

2 Q. And you talked about the good life model.

3 A. Yeah.

4 Q. Is there another model called "New Me Versus Old  
5 Me"?

6 A. That's part of the, part of the same construct.  
7 what they're doing is, rather than continuing labeling  
8 someone as a sexual deviant and spending years talking  
9 about that, they're bringing in a lot of different  
10 programming, trying to build self-esteem, trying to  
11 increase their skills, interpersonal skills, sometimes  
12 trying to curb their criminogenic thinking if that's part  
13 of the disorder.

14 And what they do, rather than the labeling process  
15 of, you know, the sex offender thing, is to try to get  
16 them to see that as a part of who they were, who are they  
17 trying to be now, and build a more prosocial life-style  
18 rather than having them labeled as being this thing over  
19 time.

20 THE COURT: And just so I understand the context,  
21 that model -- I'm not sure where it, where it falls or for  
22 what purpose we are discussing it -- is it part of -- I  
23 guess it would be contained in your opinions. Are you  
24 saying in your -- that in your opinion, or are you giving  
25 an opinion that this model is part of the professional

1 standard? Or -- I'm not sure what the -- I'm not sure  
2 what the relevance of this model is.

3 THE WITNESS: Can I go on?

4 THE COURT: Sure.

5 THE WITNESS: It would be part of the professional  
6 standards. So, if we look at something like SOCCPN, which  
7 we talked about yesterday, we had noticed that in addition  
8 to sex offender programming they are incorporating 100  
9 percent of the programs have some form of addiction  
10 counseling and treatment. You would get occupational  
11 skills, vocational skills. Eighty percent of the  
12 program's through vocational training. Eighty percent do  
13 some sort of job preparedness for them for when they're  
14 released. Some programs even bring in family members at  
15 some point in the program to start participating, usually  
16 when somebody's at a higher level of treatment.

17 And that's the generally accepted practice, that  
18 this is approached as a whole person model and that we  
19 need to provide them skills to survive.

20 Q. (BY MR. STOBBS) And you -- you said when you were  
21 talking about your experience yesterday that you actually  
22 worked in a facility?

23 A. I have.

24 Q. And where was that?

25 A. That was the Sexually Violent Predator Program in

1 Florida.

2 Q. And did they take into consideration the, to have  
3 someone treated and released in the briefest time  
4 possible?

5 A. Not exactly, when I was there. But the person who  
6 held the contract for the State lost that contract. And  
7 the new provider that came in, in 2006, brought in a  
8 Canadian model of treatment, which is the Good Lives  
9 Model.

10 Q. In the Good Lives Model, what's the average of how  
11 someone takes to enter the program before they exit the  
12 program?

13 A. Three to five years.

14 Q. Now, if we could turn a little bit and talk about  
15 the treatment at Big Muddy. Okay? Now, you were here all  
16 day yesterday and you heard the four plaintiffs testify;  
17 right?

18 A. Correct.

19 Q. And from a treatment standpoint, what impact does  
20 segregation have?

21 A. I think it has quite a few impacts. Obviously,  
22 you are not in treatment while you are there because they  
23 said treatment wasn't provided to them. It's disruptive  
24 to therapy, but I think they're also suffering some  
25 reduction in their status if they are in Stage Two or

1 Phase 2, so that could happen, too. So, it could  
2 interrupt the whole, the whole process, everything they  
3 are involved in as far as treatment.

4 Q. And how about time that they're spent locked up in  
5 their cells every day?

6 A. As far as how that impacts?

7 Q. Yes, sir.

8 A. I think that impacts -- well, it impacts  
9 everything because it's part of that labeling punishment  
10 thing that would actually go against the kind of model  
11 you'd prefer to have.

12 Q. What do you mean by that?

13 A. Well, they're in jail, basically. They're in a  
14 jail cell most of the day with a roommate, the way you  
15 would be in jail. I would imagine that there's a sense of  
16 hopelessness or despair or shame or -- what would you call  
17 it where you are -- you are labeled and you are stuck in  
18 that label. That you are an outcast. Whatever -- however  
19 you choose to view it, it certainly doesn't help repairing  
20 self image or positive self-esteem to be locked in a cell.

21 Q. And what about the, the discipline violations at  
22 Big Muddy? Are they more prison in nature or program in  
23 nature, if you know?

24 A. Well, they appear to be overlapping so that, as I  
25 had said, a lot of programs will have the clinical staff



1 deal with the behavioral problems. And I had that  
2 pleasure for about nine months in Florida, where I was the  
3 person who dealt with behavioral issues. And we'd always  
4 try to incorporate it into the treatment model.

5 Q. what do you mean by that?

6 A. Bring somebody into group and have them explain to  
7 the group why they did what they did, or how they acted  
8 the way they act, and would start getting feedback and it  
9 would be part of the treatment. And more often than not,  
10 what you are seeing is some parallel process to what's  
11 actually an actual concern for the person, whether it's --  
12 whatever it might be, and bring it into treatment.

13 And then they would have them do thinking reports,  
14 where they would write down what the situation was, how  
15 did they handle that incorrectly, and they might get some  
16 additional homework assignment as a result of the  
17 write-up. Unless it was a security or safety issue, they  
18 weren't really thrown out of treatment.

19 Q. what impact does being thrown out of treatment  
20 have on the patient?

21 A. well, the obvious one, you are being dropped down  
22 in treatment. The hopelessness is now starting to cycle  
23 because you are not -- you know, someone is at Stage One  
24 for 10 or 15 years, that gets depressing. And whatever  
25 progress -- I, I could think of several. whatever

1 progress is being made is being stopped as the person is  
2 taken out of treatment. I also wonder, when we have few  
3 groups and they're short groups and they're crowded  
4 groups, and men are being taken out because of incidents,  
5 where is the connection that should be there?

6 The counselor should be the, the person that's  
7 taking these people deeper into why they offended, what  
8 was the attraction, how are you going to deal with that in  
9 the community? And if it's being consistently disrupted,  
10 it's very hard to build a good connection in a group that  
11 size where somebody is always missing because something's  
12 going on, you know.

13 Q. Sure. What impact does that have on the treatment  
14 environment?

15 A. It takes the treatment environment away. There  
16 should be an environment -- a lot of programs call it  
17 therapeutic community, where they have staff, the staff is  
18 trained in the therapeutic community, they are looking for  
19 certain behaviors. If it's a write-up, it's usually dealt  
20 with by treatment Team Leaders.

21 Q. Sure.

22 A. So, the whole process is a therapeutic community.  
23 And then with that, you can start to get a little bit of  
24 trust and a little bit of honesty as you go deeper into  
25 people's disorders. Without that, it's very difficult to

1 get to a pretty genuine level.

2 Q. Could you tell Judge Yandle the difference between  
3 what you learned from the Rushville manual versus the  
4 manual with Big Muddy with regard to punishment?

5 A. The Rushville manual was very clearly describing  
6 stages and phases; what are the criteria for moving up.  
7 Similarly, the infractions appeared to be dealt with in a  
8 more therapeutic way. I think they had given information  
9 to the residents that was very clear, and also went  
10 through explaining items. It had, almost had a vocabulary  
11 list so the people don't get lost, of what happens when  
12 this happens? who is -- what's a case manager to me? And  
13 it was very clearly spelled out. And then if they got in  
14 trouble, it was clearly spelled out in advance what would  
15 be an infraction, what would be the result of an  
16 infraction.

17 I assume that's what you're asking.

18 Q. Yes.

19 A. Okay.

20 Q. And how about the manual of Big Muddy? Does that  
21 do the same?

22 A. No.

23 Q. which one is more in line with a SOCCPN?

24 A. The interesting thing about Rushville, when I went  
25 through their program and looked at their manual, their

1 policy, how you move through treatment and what happens,  
2 they also have the same incentive levels that, the more  
3 you go up, the more perks you get. Their group hours,  
4 their group sizes, when I looked at their schedule.

5 And then I looked at the SOCCPN. Rushville is  
6 almost always falling in on the mean average, which is  
7 perfect, which would be the mean average for a group size;  
8 for the total hours of treatment a week; the length of the  
9 group, which is close to two hours, three times a week.

10 And then when I looked at their schedule of  
11 additional programming, it was a full day of computer lab  
12 or GED or joining Toastmasters, whatever they were doing.  
13 It was like being in school all day long.

14 Q. They're getting out of their cells?

15 A. They're -- well, they couldn't be in, because  
16 they're involved in too many things to be in their cells  
17 all day.

18 Q. Are you familiar with a term where punishment  
19 looks like treatment?

20 A. Yes.

21 Q. And could you tell Judge Yandle what that is?

22 A. My understanding of it was, early on in the civil  
23 commitment process that was a concern where something  
24 would be presented as, *we need to detain this person for*  
25 *treatment because they're so dangerous*, and then it

1 wouldn't rise to the treatment bar and it actually became  
2 a further form of incarceration.

3 Q. You talked a little bit about the, the group  
4 sizes. And I'm not going to go over it in too much  
5 detail, but do you have an opinion as to how large or  
6 small a group should be?

7 A. About 10. And that's coming from many different  
8 sources, not only SOCCPN, but that's the recommended level  
9 in the professional community. That's the recommended  
10 level by ATSA, which is treatment of sex abusers. About  
11 10, maybe 12, not much more than that.

12 Q. Sure. And how about -- do you have an opinion  
13 about the time a session should last?

14 A. No less than 90 minutes.

15 Q. Why is that?

16 A. Because there's, there's a lot of lost time in a  
17 group. So, 90 minutes would pretty much, in my opinion,  
18 be the minimum. A lot of programs go more towards three  
19 hours, with breaks. There's an enormous amount of time  
20 lost then, because the men have their own individual  
21 complaints from what happened about -- to them the day  
22 before, and they don't have an opportunity to vent to  
23 anyone because they have been in their cell all day.

24 So, they come into the group and you can lose a  
25 lot of time just with that kind thing. Maybe there's

1 unfinished business from last group. And then you want to  
2 go over some homework and then maybe you want to start on  
3 someone's history. And it can't be done in less than an  
4 hour. However, no one has group once a week except Big  
5 Muddy. So, these are also -- they're meeting two, three  
6 times a week, two hours on an average per session, so  
7 there can be a continuum, you can build momentum on a  
8 theme.

9 Q. And how many times a week do you think they should  
10 have to meet?

11 A. Three.

12 Q. What does a stagnant treatment facility mean?

13 A. Stagnant?

14 Q. A stagnant treatment facility.

15 A. I would assume it means that it's just going day  
16 after day after day, doing the same things, getting the  
17 same results, which aren't very good.

18 Q. What about someone who's been civilly committed  
19 for flashing, and they haven't flashed for 15 years. What  
20 would your opinion be then?

21 A. It would be a lot of things. Age would have a  
22 part to do with that. But that's the thing is, somehow  
23 these men get a diagnoses that they magically hold  
24 forever, whereas the diagnostic manual says that's  
25 probably not the case. That if you haven't seen something

1 in six months to a year, you have to justify holding that  
2 diagnoses that long.

3 Q. what's your experience where someone is diagnosed  
4 with an illness before they're civilly committed and then,  
5 within two days, that diagnosis is changed?

6 A. That's very concerning to me.

7 Q. why?

8 A. For a lot of reasons. When I looked at some of  
9 the charts, I saw that. I saw a, kind of a disparity,  
10 like a different diagnoses at different times of the  
11 person's history all since they have been detained or  
12 committed, without explanation. So, ordinarily, if  
13 someone is going to go from being an alcohol abuser to a  
14 sexual sadist, you'd have to write somewhere in the file  
15 how that happened; what was your clinical justification  
16 for making such a radical change in the diagnoses.

17 But instead, it just was -- I had looked through  
18 treatment reviews and then someone's diagnoses had  
19 changed, but there were no notes that I was given as to  
20 why that happened.

21 The other thing that concerned me about that was,  
22 they seem to be going upward in the severity. Sexual  
23 sadism is an extremely high bar to meet, really,  
24 clinically, to reach that diagnoses. And I wondered,  
25 well, how could you have two or three evaluators that

1 didn't see that at all, and then another one sees it and  
2 writes it down and gives you that diagnoses. So, I don't  
3 have all the answers to that but it was very concerning.

4 Q. And how about when Mr. Howe went from being an  
5 alcoholic to a social sadist?

6 A. He did. He went from being an alcohol abuse  
7 disorder to being a sexual sadist since the time he's been  
8 at the center.

9 Q. And do you have the same concern about that, as  
10 well?

11 A. Yes.

12 THE COURT: Let me just, again, clarify. Doctor,  
13 when you say you have a concern, I understand you have a  
14 professional concern.

15 THE WITNESS: Yes.

16 THE COURT: My concern or the issue, the question  
17 I must answer is whether or not it meets the professional  
18 acceptable standards. And so when you say you have a  
19 concern, for instance, with the different varying  
20 diagnoses, I'm interested in knowing whether or not that  
21 practice meets the professional standards or not.

22 THE WITNESS: If there were no notes of  
23 explanation, I think that it becomes a professional  
24 concern. If, if someone's being seen every day for a year  
25 and have an alcohol abuse disorder, and then finally we



1 decide they're a sexual sadist and change the diagnoses,  
2 without any clinical notation as to why that happened, I  
3 think that becomes a professional concern.

4 I also think that each of those disorders requires  
5 extremely different treatment but -- and different risk  
6 levels. So, a lot changes through that. It would change  
7 the whole course of treatment and it would change how we  
8 would assess the risk in the community. And to do that  
9 without any notation is professionally concerning.

10 Q. (BY MR. STOBBS) Dr. Cauley, do you know what the  
11 national ratio is for patient to therapist?

12 A. I do. It's, it's about --

13 MR. TYRRELL: Your Honor, it appears the witness  
14 is looking at something. Could we have the witness  
15 identify what he is looking at?

16 MR. STOBBS: Sure.

17 THE WITNESS: Do you want me to say what it is?

18 THE COURT: Hold on for a minute. He can look at  
19 whatever he wants to look at, Mr. Tyrrell.

20 MR. TYRRELL: I wasn't sure --

21 THE COURT: If you want to cross-examine him by  
22 what he's looking at, have at it. But you don't, you know  
23 -- so, objection's overruled. But again, you're going to  
24 get your chance to cross-examine.

25 MR. TYRRELL: Thank you, Your Honor.

1 THE COURT: Mm-hmm.

2 A. Generally, it comes down, if we look at different  
3 -- like the SOCCPN. Also, it's set forth in some of the  
4 professional guidelines, it should be about 10 to 1,  
5 meaning 10 residents or whatever, 10 residents per  
6 clinical staff.

7 Q. (BY MR. STOBBS) How -- do you know what the  
8 number is -- the ratio is at Rushville?

9 A. Well, it came out in various ways. But as I had  
10 said yesterday, I guess there's really just two simple  
11 ways of looking at it, is the staff, which was said to be  
12 about three or four, and the number of men in treatment  
13 which was said to be about 90 or thereabouts, so you'd  
14 have 17 or, you know, maybe close to 20 to 1.

15 My feeling is, it's the entire population. That  
16 everyone there is there for -- you know, in custody for  
17 care and treatment. So, it's the entire population is who  
18 your clientele. And in that case, we'd have 4 -- 3 or 4  
19 and, what, 177.

20 Q. (BY MR. STOBBS) And that's at Big Muddy?

21 A. Yes.

22 Q. And how about the national average for the group  
23 size?

24 A. Not only national average but your ethics would  
25 dictate about 10 to 12.

1 Q. And how many is at Rushville?

2 A. About -- there -- they fall about the 9 to 10  
3 range.

4 Q. And do you know what it is at Big Muddy?

5 A. I have seen different things. As recent as 2018,  
6 I saw 18 on a sign-in sheet.

7 Q. And how about the duration of the sessions?  
8 what's the national average?

9 A. Close to two hours, 1.7 per meeting.

10 Q. And how about at Rushville?

11 A. 90 minutes.

12 Q. And Big Muddy?

13 A. One.

14 Q. One hour?

15 A. One hour.

16 Q. And how about how many times they meet weekly  
17 nationally?

18 A. well, this is where it gets real concerning to me,  
19 is, nationally, the men are receiving a mean average of  
20 about seven and a half hours a week of core treatment.  
21 Okay. So, they'd have all their additional programming,  
22 but the core treatment is about seven and a half.  
23 Rushville is close to five.

24 Q. And how about Big Muddy?

25 A. One.

1 Q. Now, does that take into consideration these,  
2 these other classes that they were talking about  
3 yesterday?

4 A. No. It would just be the core group, the core sex  
5 offender specific group that's being talked about here.

6 Q. And how about the programs that are on hold? How  
7 many average nationally is that?

8 A. That's not something you see. As I had said  
9 earlier today, that every program always offers drug and  
10 alcohol. That was pretty much the only 100 percent thing  
11 they got in their survey. Everybody does that all the  
12 time, for all the inmates or residents or whatever.

13 when we get into those models in looking at the  
14 Rushville schedule, we can see it. Things like Anger  
15 Management, Relapse Prevention, Victim Empathy, they're  
16 always ongoing because they're like, they're part of the  
17 foundation of the core group.

18 So, if someone's offending was alcohol -- not  
19 alcohol related but it was a trigger to them, or victim  
20 empathy or anger was a trigger to them, they're working at  
21 them at the same time. So, actually what often happens  
22 is, information is kind of being passed back and forth.  
23 Kind of like when you take a college schedule and things  
24 start to relate to each other because you are hearing them  
25 at the same time. All programming does that, that

1 additional program availability.

2 Q. And how many programs are on hold at Big Muddy, do  
3 you know?

4 THE COURT: At what point in time? I need some  
5 context.

6 MR. STOBBS: I'm sorry, Judge.

7 Q. (BY MR. STOBBS) From 19 -- from 2014 until today,  
8 do you know?

9 A. I don't know how many are on hold. I know that  
10 several that are critical are on hold, or were on hold at  
11 times I looked at them.

12 Q. Okay.

13 A. And that was found through resident communications  
14 that I looked at. It was found through a program outline  
15 that was submitted from the program, and in it were  
16 notations that these groups are "currently on hold,"  
17 "currently on hold."

18 Q. Sure.

19 A. And looking backwards in time, it appears that  
20 that has been a recurring issue, but I don't know what's  
21 going on right today, what's on hold.

22 Q. I got it. And the cell time, where the patients  
23 are locked inside their cell or their room, whatever. Do  
24 you know what the national average is for that?

25 A. That, I don't know. That was one they didn't ask

1 on the national average. But when they look at the daily  
2 schedules, we get the answer because a full daily schedule  
3 is an answer to the cell time.

4 Q. Right.

5 A. They can't be doing what they're doing. So, when  
6 we look at Rushville's schedule, those guys are getting  
7 out of their rooms or their cells very early in the  
8 morning, 7:15, 9:30, whatever, going to breakfast, and  
9 they're able to move around until 10:45. So, they have a  
10 full day of outside activity available to them and they  
11 have all this programming they can take.

12 Part of the -- some of these concerns are actually  
13 linked one into the other. So, if you pick up the  
14 programming, you reduce the cell time by, by necessary  
15 outcome.

16 Q. And we heard that the inmates talk about -- the  
17 plaintiffs talk about the times they were in their cell  
18 yesterday, and does that meet the national average?

19 A. No. They were talking 17 -- I heard 17 to 22  
20 hours through different sources. So, not only is that  
21 unusual, it's time that should be spent in programming.

22 Q. You also -- is there a generally accepted practice  
23 for a written policy, treatment policy?

24 THE COURT: You mean a separate policy? A manual?  
25 I'm --

1 MR. STOBBS: I'm sorry, Judge.

2 Q. (BY MR. STOBBS) For the sexually dangerous  
3 persons, how they go up or down in stages or phases?

4 A. I think the -- I don't know if it's generally  
5 accepted, but I would say the programs that I know of and  
6 that I have looked at, they spend a good deal of time  
7 mapping it out and then presenting it to the resident as  
8 to what things can move you up and what things can move  
9 you down, and spelling it out in a way that even the, the  
10 slow learner can benefit from it, so that they clearly  
11 know. And, and that was something I was surprised about,  
12 that some of the men didn't know why they were where they  
13 were in treatment, or what they needed to do to move up  
14 from that level. That should be really clearly spelled  
15 out.

16 Typically, the men in a facility will know it  
17 inside-out because they're -- they just retain that kind  
18 thing because it's their daily schedule.

19 Q. Sure.

20 A. So, I guess what I'm saying is, it has to be clear  
21 and it has to be understood for it to be a policy.

22 Q. Do you have an opinion about someone who works  
23 with the staff, like with the SDP's, and also works in the  
24 prison environment?

25 A. An opinion?

1 Q. Yes.

2 A. I noticed that and, and I found it confusing as  
3 far as when we were talking about staff on-site or staff  
4 availability. I didn't know the details but I knew some  
5 of these people were not actually full-time staff, so it  
6 was making things look a little worse, if you follow.

7 Q. Sure. And what about with regard to staff? what  
8 impact does funding have on staff?

9 A. well, that's the whole thing, is, I think if you  
10 have -- I think the whole thing networks together. So, if  
11 you have enough funding, hire enough staff. And if you  
12 have enough staff, you can reduce the head count in the  
13 group. Additionally, you can start offering more groups  
14 and more programming, then the lock-up time solves itself.  
15 They don't have time to be in their cell all day because  
16 they're busy. So, I think a lot of what we're looking at  
17 is symptoms --

18 Q. Mm-hmm.

19 A. -- of a facility without resources.

20 Q. And what impact would more staffing have on the  
21 ability of the men to move through the program quicker?

22 A. They would get more hours in group. They would  
23 get more groups per week. They would, I think, have more  
24 access to a counselor or a treatment provider that could  
25 specifically help them with their individual issues. Some



1 of the men, no doubt, are slow learners, or some -- a good  
2 percentage of them may be functionally illiterate, and  
3 they would get time for that, special programming. And  
4 then usually what is done is the counselor, who has some  
5 background in working with that sort of sub-specific  
6 population of the challenged ones, will work with them.  
7 And then that way everybody has access to move forward  
8 given their unique circumstances.

9 Q. would it be safe to say that the program moves  
10 only at the pace of its slowest person?

11 A. For a lot of reasons. When we talked about going  
12 around the circle kind of thing, if somebody gets snagged  
13 and spends a lot of time for whatever issue, a slower  
14 person that didn't understand the assignment, that's  
15 impacting the other, in this case, 16 or 17 people in the  
16 group. It's slowing them all down.

17 Q. How would you take into consideration someone's  
18 future risk?

19 A. How would you?

20 Q. Yes.

21 THE COURT: I'm confused by the question.

22 Q. (BY MR. STOBBS) well, if -- we were talking a  
23 little bit -- I'm starting to wrap up. But like you  
24 talked a little bit before about someone's age would  
25 impact the risk. And are there other -- are there other

1 things regarding that which interest you?

2 A. well, I think the way it would normally be done  
3 is, when somebody goes through the screening for a  
4 referral to a commitment center, they would have a risk  
5 assessment done at that time. That would have imparted  
6 their initial case.

7 Q. Mm-hmm.

8 A. The case that was made that they're high risk.  
9 They go into treatment and as they make progress in  
10 certain domains that are -- that you can assess  
11 behaviorally, not just, *do they understand*, or, *do they*  
12 *have a notion*, but actual behavioral changes of  
13 compliance, cooperation, taking responsibility, emotional  
14 stability over time, they are no longer acting  
15 impulsively. Those things are all ranked on a test. And  
16 then we would take the original risk that they were  
17 referred with, and see if it's being reduced by these  
18 other domains that are changeable.

19 Q. And you were here when Tim Charles testified;  
20 right?

21 A. Yes.

22 Q. And would you have an opinion as to his future  
23 risk?

24 A. Not without knowing his original case, no.

25 Q. And are there any specific behavioral goals at Big

1 Muddy?

2 A. That was part of the semi annual reviews, and I  
3 mentioned it in my report. They seemed more subject to  
4 interpretation, like someone has an understanding or  
5 someone indicates knowledge of. And I had explained that  
6 more in my report, but those, those are hard concepts to,  
7 to hold stable.

8 And I -- there's a term they call inter-rater  
9 reliability, which is like if another clinician came along  
10 and saw the same thing, would they think the same thing?  
11 So, things have to be pretty clearly set that somebody's  
12 not acting impulsively; they haven't gotten a write-up in  
13 X number of months; they are attending groups; they are  
14 taking responsibility, as matches the records.

15 But when the ratings are more opinion based, it  
16 gets a little murky as to what we're looking at.

17 Q. Do you have an opinion regarding whether or not  
18 the facility should let the offender know where they stand  
19 regarding progress?

20 A. I think they absolutely should. I think that  
21 should be part of a meeting, yes.

22 Q. And how often should that meeting be?

23 A. At least semi annually.

24 Q. Are you familiar with ATSA?

25 A. Yes.

1 Q. Could you tell Judge Yandle what that is?

2 A. We call it ATSA, and it's the Association of  
3 Treatment for Sex Abusers. It's an international program.  
4 And that's where most of these ideas get presented each  
5 year, is at a conference, and they go through the risk  
6 assessment and the treatment models and the demographics  
7 of what we're treating. And they publish a peer-reviewed  
8 journal called Sexual Abuse, and that's where a lot of the  
9 information has come from.

10 Q. Have they made -- if you are aware -- of anything  
11 regarding providers offering treatment and the resources  
12 they have?

13 A. Well, both ATSA and Illinois Sex Offender  
14 Management Board have said the treatment shouldn't be  
15 offered when someone doesn't have the resources to provide  
16 the treatment.

17 Q. Well, you just said that in your opinion Big Muddy  
18 doesn't have the resources to staff up; is that right?

19 A. Well, I never actually saw the financial thing. I  
20 had asked for it and didn't see it. I'm assuming that's  
21 the cause. It sure would appear to me that would be the  
22 cause.

23 Q. How would that impact what you just said ATSA  
24 requires?

25 A. Well, it would be contrary to professional opinion

1 that you shouldn't have an offer of treatment that you  
2 can't provide.

3 MR. STOBBS: If I could have a second with Mr.  
4 Sprehe.

5 (Pause.)

6 Q. (BY MR. STOBBS) Suppose a patient denies that he  
7 committed the crime for which he's civilly committed. Do  
8 you think that person should be denied treatment?

9 A. No.

10 Q. why?

11 A. That's, that's a good percentage of the people  
12 we're going to wind up getting, is the people that are in  
13 denial. Just like an addiction. The hard work is getting  
14 them out of denial. And almost every program I know of  
15 offers programming to the offender in denial that's going  
16 to start warming them up to the treatment process. So,  
17 they might not initially confront the denial but get them  
18 into something like a "treatment readiness" group or a  
19 "building better lives" group where they start to warm up  
20 to a group process. And then they wouldn't be really  
21 confronted on the denial until they started advancing in  
22 treatment and gotten into the history part of their  
23 offending.

24 Also, we find ATSA and, again, the Sex Offender  
25 Management Board stating that denial is an accepted part

1 of what we're dealing with, and denial should be addressed  
2 in the therapeutic manner.

3 MR. STOBBS: Judge, if I haven't already done so,  
4 I'd like to have you take judicial notice of 725 ILCS 205,  
5 which is the Sexually Dangerous Person Act.

6 THE COURT: The Court takes judicial notice.

7 MR. STOBBS: I have no further questions. Thank  
8 you, Dr. Cauley.

9 THE WITNESS: Thank you.

10 THE COURT: It's the perfect breaking time. So,  
11 we're going to go ahead and take our morning break and we  
12 will reconvene at 10:45.

13 (Court recessed from 10:28 a.m. to 10:47 p.m.)

14 (Proceedings continued in open court, parties  
15 present.)

16 THE COURT: You may proceed, Mr. Tyrrell.

17 MR. TYRRELL: Thank you, Your Honor.

18 CROSS-EXAMINATION

19 BY MR. TYRRELL:

20 Q. Good morning, Dr. Cauley. My name is Jeremy  
21 Tyrrell. I'm one of the attorneys for the defendants.

22 A. Good morning.

23 Q. I'm going to start by talking a little bit about  
24 your background history. And you included a copy of your  
25 resume or CV with your first initial report back in July

1 of 2016; do you recall doing that?

2 A. I did.

3 Q. Okay. And, Dr. Cauley, I'm going to show you two  
4 pages of Plaintiff's Exhibit 53, which has already been  
5 admitted into evidence. When I said two pages, apologize.  
6 I actually meant a few pages. It's actually your resume  
7 which is attached to the back your report.

8 Doctor, until the technical difficulties have been  
9 restored, I'm going to hand you what's been marked as  
10 Plaintiff's Exhibit 53 and has been entered into evidence  
11 already.

12 A. Okay.

13 Q. And just for purposes of the record, that is in  
14 fact a copy of your July 25, 2016, report with your resume  
15 attached?

16 A. It is.

17 Q. And it is two-sided.

18 A. Yes.

19 Q. So, turning your attention to page 13 of 17 of  
20 Exhibit 53, this is the first page of your resume;  
21 correct?

22 A. It is.

23 Q. And now, when the plaintiffs' attorney was asking  
24 questions, you talked a little bit about your time with  
25 the Florida Civil Commitment Center For Sexually Violent

1 Persons. Do you recall that testimony?

2 A. I do.

3 Q. Okay. Based on your resume, you were there for  
4 approximately two years; is that accurate?

5 A. Year and a half, actually.

6 Q. Year and a half?

7 A. Yeah.

8 Q. And I believe during testimony you said that in  
9 less than a year, or approximately one year, you were  
10 promoted or moved up from Clinical Therapist to Clinical  
11 Team Leader --

12 A. Correct.

13 Q. -- is that correct?

14 A. It is.

15 Q. Okay. What was the difference in responsibilities  
16 between Clinical Therapist and Clinical Team Leader?

17 A. The primary difference, I think what I would call  
18 it now was the testing and assessment. If you move down  
19 another bullet. When I first started there, I was doing,  
20 as I had said, primarily testing and assessing of the men  
21 who were recently arrived or were about to consent to  
22 treatment, which could be two different timetables.

23 And I would do the full battery of testing,  
24 diagnoses, develop an initial treatment plan, and then put  
25 them into Stage Two. You were in Stage One by virtue of



1 being there and alive. And they would go into Stage Two.

2 what I also was responsible for doing was, they  
3 had the nonconsenting men in a separate housing unit from  
4 the consenting men; they didn't want to mix the two. And  
5 them guys were my responsibility to do walk-throughs, to  
6 talk about their disciplinary reports.

7 I started in August 2001. In January 2002, they  
8 asked me to take over Stage Two treatment and gave me a  
9 staff of two master's and two bachelor level clinicians,  
10 and I had the responsibility to make sure they were  
11 getting all their treatment, any incidents in the housing  
12 unit.

13 And then the bullet point about Clinical Therapist  
14 is that I was providing treatment four days a week for  
15 three hours on their core group.

16 Q. And when you were serving as a Clinical Therapist  
17 was that in addition to your responsibilities as Clinical  
18 Team Leader?

19 A. It was.

20 Q. Okay. And I believe you just testified that you  
21 also had a group when you were the Clinical Therapist that  
22 you were providing therapy to?

23 A. The master's level people were running a lot of  
24 the auxiliary groups like Thinking For Change, which is a  
25 rational behavioral group, or -- those sort of things.

1 And generally, the Team Leaders are running the core  
2 groups for their dorm.

3 Q. What was the size of your core group when you were  
4 a Team Leader or Clinical Therapist in the Florida  
5 program?

6 A. It was -- now, the four groups I ran were actually  
7 each part of the dorm, was getting a group Monday,  
8 Wednesday, and then Tuesday, Thursday. And the groups  
9 were 12 or under.

10 Q. You said they met three times a week?

11 A. They would meet with me twice a week.

12 Q. Oh.

13 A. For six hours total.

14 Q. Apart from the Florida Civil Commitment Center,  
15 have you ever worked at any other commitment centers  
16 concerning the treatment of sexually dangerous persons or  
17 sexually violent persons?

18 A. In a prison setting but not in a commitment  
19 center.

20 Q. In a prison setting?

21 A. Correct.

22 Q. When was that?

23 A. When I was -- if you go back to New Beginnings,  
24 and I was providing sex offender treatment there -- I'm  
25 sorry, Options. And it said "supervise clinical staff in

1 three locations, one in a secured setting." That was a  
2 prison.

3 Q. And what prison was that?

4 A. I forget the name of it. It was --

5 Q. And actually, I can withdraw that question,  
6 Doctor.

7 A. Okay. Yeah, it used to be a rehabilitation  
8 facility and they turned it into a prison.

9 Q. And that program you were just discussing, is this  
10 a civil program or is this people that have been  
11 criminally convicted?

12 A. Criminally convicted.

13 Q. Okay. So, in terms of civil commitment for  
14 sexually violent or sexually dangerous persons, the only  
15 experience you have is -- working in is the Florida Civil  
16 Commitment Center?

17 A. Correct.

18 Q. Do you recall when you left the Florida Civil  
19 Commitment Center, what month?

20 A. April 2003.

21 Q. why did you leave?

22 A. why?

23 Q. Yes.

24 A. A combination of reasons. One was that I had an  
25 offer from the local Department of Children and Family

1 Services, that they wanted me to start providing  
2 outpatient treatment to juveniles. The other was, there  
3 were some issues with the contract holder. It wasn't run  
4 by DOC, it was run by Liberty Healthcare. They ended up  
5 losing that contract about a year after I left, so there  
6 were problems.

7 And I -- on a more personal level, I essentially  
8 wanted to go back into private practice.

9 Q. When you say there was a problem with the contract  
10 holder, are these issues that you found to be problems?

11 A. Some of them, yes.

12 Q. What sort of problems were they?

13 A. We were doing --

14 THE COURT: Hold on. Mr. Tyrrell?

15 MR. TYRRELL: I'm just getting --

16 THE COURT: No. Relevance. Relevance. I mean,  
17 I'm going to give you full blow of -- a clean shot at Dr.  
18 Cauley, but it needs to be relevant. You are not taking  
19 his deposition. You are cross-examining him.

20 MR. TYRRELL: Understood, Your Honor.

21 Q. (BY MR. TYRRELL) During your time with the  
22 Florida Civil Commitment Center, did you ever serve as the  
23 Administrator of the program?

24 A. No.

25 Q. Have you ever served as Administrator of any civil

1 commitment program in the country?

2 A. No.

3 Q. In preparing your three reports which were  
4 admitted into evidence as Plaintiff's Exhibit 53, 54, and  
5 55, did you ever interview Dr. Holt?

6 A. No.

7 Q. Did you ever interview any of the SDP program  
8 staff at Big Muddy River Correctional Center?

9 A. No.

10 Q. Have you ever toured Big Muddy River Correctional  
11 Center?

12 A. No.

13 Q. Apart from the photographs that were admitted into  
14 evidence and shown yesterday, have you ever seen any  
15 pictures of the Big Muddy River Correctional Center  
16 facility?

17 A. From the internet, yes. Just an aerial shot.

18 Q. An aerial shot of the facility?

19 A. Yeah.

20 Q. And the pictures we saw yesterday were, I believe,  
21 B wing and D wing; do you recall that?

22 A. I do.

23 Q. And so -- some of the plaintiffs have been housed  
24 on C wing. You have never seen C wing?

25 A. No.

1 MR. STOBBS: Judge, if we could interpose an  
2 objection. While we were at the Big Muddy, the attorneys,  
3 we requested photos of the C wing.

4 THE COURT: You can -- you can -- I understand you  
5 also requested to tour. I'm aware of that, as well.

6 MR. STOBBS: Yes, ma'am.

7 THE COURT: So, it's not actually an objection but  
8 I, I get it.

9 Q. (BY MR. TYRRELL) Apart from a deposition of Dr.  
10 Holt taken in 2014, have you read any other sworn  
11 statements by Dr. Holt?

12 A. Well, I don't know what were sworn. I saw the  
13 response to interrogatories and I think there were three,  
14 as I recall. And also, there was something else with a  
15 legal name, where there were two or three of them. I  
16 think they were responses to specific questions. So, I  
17 read all those, too.

18 Q. Okay. As part of your work experience, have you  
19 ever provided independent evaluations for people civilly  
20 committed under a sexually violent person or a sexually  
21 dangerous person statute?

22 A. I have.

23 Q. And that includes reviewing records and providing  
24 recommendation concerning release?

25 A. It does.

1 Q. When you make a recommendation concerning release,  
2 what is standard? What -- when you say someone is, in  
3 your opinion, ready for release, what standard are you  
4 looking at?

5 A. My -- I think my standard somewhat revolves around  
6 "likely," which is the wording in Florida. Are they  
7 likely to commit a sexually violent act? Truthfully, I go  
8 a lot less far down on likely to where it's unlikely, and  
9 I arrive at that through testing.

10 Q. And so in your practice when you make a  
11 recommendation, your recommendation means that to a  
12 reasonable degree of medical certainty this person's  
13 unlikely to reoffend?

14 A. Correct.

15 Q. Have you recommended persons civilly committed for  
16 release that have later reoffended?

17 MR. STOBBS: Objection, relevance, Judge.

18 MR. TYRRELL: It goes to the credibility of his  
19 evaluation process, Your Honor, and he's been challenging  
20 the evaluation processes and the annual -- the review  
21 processes in this case.

22 THE COURT: Sustained. I don't think that's  
23 probative at all. I'm sure everybody that's recommended  
24 it has somebody come back.

25 Q. (BY MR. TYRRELL) Have you ever provided any

1 evaluations for persons civilly committed in the State of  
2 Illinois?

3 A. I don't believe so, no.

4 Q. Is this your -- is this case the first time you  
5 have had an expert opinion for an Illinois court  
6 proceeding?

7 A. Yes.

8 Q. Are you aware that the State of Illinois has both  
9 a Sexually Dangerous Person Program and a Sexually Violent  
10 Person Program?

11 A. I am.

12 Q. How many other states to your knowledge have both  
13 an SDP and SVP program?

14 A. I'm not aware of others.

15 Q. And are you aware there's a distinction between  
16 the sexually dangerous person statute and the sexually  
17 violent person statute?

18 A. I am.

19 Q. To your knowledge, how does someone civilly  
20 committed under the Sexually Dangerous Person Program get  
21 out of the program?

22 A. I think they would have a couple different  
23 avenues. One would, to be phased up and do successfully  
24 enough in the program that they be recommended for release  
25 by the program. The other would be where they petition



1 for release -- my understanding -- and they would get  
2 evaluated, and the evaluators may think that they no  
3 longer present a risk and they would be released that way.  
4 And then they could oppose both, I think, and go to a jury  
5 trial, like Mr. Howe did.

6 Q. And in terms of the State of Illinois and the SDP  
7 program, you understand that the evaluators are employed  
8 by a contractual agency?

9 A. Wexford, yes.

10 Q. And the first kind of pathway you, you mentioned  
11 was recommended for release by the program staff. Based  
12 on your review of the program manual, does Stage Four mean  
13 that someone should be recommended for release?

14 A. Not necessarily. There could be a lot of  
15 different variables involved in recommending someone.

16 Q. So, from your understanding of the manuals and  
17 understanding of processes, someone could be recommended  
18 for release from any one of the phases?

19 A. Theoretically, yes.

20 Q. I want to talk a little bit about SOCCPN, which I  
21 believe we said was -- actually, I'm probably going to end  
22 up butchering it. Could you tell me what SOCCPN stands  
23 for?

24 A. Sex Offender Civil Commitment Program Network.

25 Q. What more generally is SOCCPN?

1 A. How it came about, and such?

2 Q. No. Like is it, is it a private company? Is it  
3 a --

4 A. No. No.

5 Q. -- an organization?

6 A. It's probably -- you might call it a professional  
7 organization. I think what they do is, they involve  
8 clinical directors or administrators or whatever you want  
9 to call them. I know some of the people that are on the  
10 board. So they, they are pulling information from other  
11 professionals in a similar role, which would be overseeing  
12 a facility.

13 Q. How many states in, in the United States, if you  
14 know, have civil commitment programs?

15 A. That, I don't know. I know there were 19  
16 responding to SOCCPN.

17 Q. Okay. Do you know if Illinois was one of the  
18 states responding to SOCCPN?

19 A. The Rushville program responded. Not the Big  
20 Muddy program.

21 Q. When you say "responded to SOCCPN," how, how were  
22 responses sought?

23 A. The person who runs that program sends out -- I  
24 don't know how he does it, whether he does it by mail or  
25 e-mail -- questionnaires where the program directors from

1 different facilities would answer the questions. Then,  
2 when they put the information out, they'll disclose how  
3 many was the total. And then in total or in some areas,  
4 if somebody elected not to respond to that question or to  
5 any questions, they'll disclose that.

6 Q. Do you know what the responsive rate for the study  
7 was?

8 A. I think it was 19 to 19 responded.

9 Q. Do you know when the study was conducted?

10 A. The one I was looking at was 2012.

11 Q. Okay. You mentioned this Good Lives Model of  
12 treatment.

13 A. Yes.

14 Q. When did the Good Lives Model of treatment come  
15 about?

16 A. Probably -- I think it probably really gained  
17 widespread steam maybe five years ago, thereabouts? Maybe  
18 more.

19 Q. Is it your opinion that the Good Lives Model is  
20 the only professionally accepted model for sex offender  
21 treatment?

22 A. No, it's not.

23 Q. So, there are other models out there that are also  
24 professionally accepted?

25 A. Similar, but different names, yes.

1 Q. Can you give me some other examples?

2 A. You could use the, just the umbrella term of  
3 cognitive behavioral therapy. I don't think they're  
4 exclusive. I don't think you'd do one and not the other.  
5 I think they could be run together. But if you ask some  
6 programs how they run it, they might say Good Lives Model  
7 and others might say cognitive behavioral therapy.

8 That's been around for a long time. That's way  
9 back when I was in graduate school. So, I would say there  
10 aren't many more than those two that you would answer  
11 with.

12 Q. And cognitive behavioral therapy is also known as  
13 CBT?

14 A. Yes.

15 Q. And CBT is a general method for conducting therapy  
16 for all sorts of different disorders?

17 A. It is, yes. (Pause.) If I might add --

18 THE COURT: Doctor? You answered his question.

19 THE WITNESS: Okay.

20 Q. (BY MR. TYRRELL) Are you familiar with  
21 anti-social personality disorder?

22 A. I am.

23 Q. And in fact, some of the plaintiffs have been  
24 diagnosed with anti-social personality disorder.

25 A. More than one, as I recall.

1 Q. what is anti-social personality disorder?

2 A. well, two basic ideas. A personality disorder is  
3 a diagnosis that doesn't change much over time and so it's  
4 put or it used to be put into the same category as  
5 something like intellectual problems, because they're not  
6 going to really solve themselves over the duration of a  
7 lifetime. So, it has to start in childhood, in order to  
8 be diagnosed in an adult; there has to be some evidence  
9 that it's long running.

10 And then what we'd run into is just somebody  
11 doesn't pay much attention to the rules; kind of leads a  
12 reckless life; doesn't honor obligations, whether they're  
13 financial or marital or whatever. We would also call it  
14 just a criminogenic life-style. It doesn't have to be  
15 crime. They could go into other occupations, too. But  
16 usually, it's people that use people, is the bottom line.

17 Q. One way of saying anti-social personality disorder  
18 might be to say someone who manipulates other people to  
19 get a benefit out of it? Is a very, I'm sure, dumbed-down  
20 way of saying it?

21 A. That's not -- that could be a feature of it but  
22 that's not really the components of it. It would be an  
23 enduring over time of a disregard for social norms in a  
24 way that's self-serving.

25 THE COURT: Have you got any current popular

1 examples of that? I'm just joking. I'm sorry.

2 Go ahead, Mr. Tyrrell.

3 MR. TYRRELL: Thank you, Your Honor.

4 Q. (BY MR. TYRRELL) Have you read any studies  
5 looking at the Good Lives Model for treating anti-social  
6 personality disorder or sex offenders with anti-social  
7 personality disorder?

8 A. I think they're so overlapping when you get into  
9 sex offenders, and then say with anti-social personality  
10 disorder, that's a pretty overlapping group. But the  
11 research would say that, in all of these therapeutic  
12 models, you need to look at either anti-social or  
13 narcissism with a certain amount of caution.

14 So, it wouldn't say don't change -- I don't think  
15 they recommend changing the treatment or doing something  
16 completely different. Some programs might gear things a  
17 little different, but you'd still be in the Good Lives  
18 Model.

19 Q. Based on your understanding of the Good Lives  
20 Model, would the Good Lives Model support a peer  
21 facilitated group?

22 A. Yes.

23 Q. And would a peer facilitated group raise, or could  
24 that -- would a peer facilitated group cause you concern  
25 to have people with anti-social personality disorders in

1       that group?

2       A.       Not particularly. I wouldn't say anti-social is  
3       somebody that's just suddenly inclined towards violence or  
4       somebody that's necessarily -- won't participate in a  
5       group process. I think we just have to look at it with  
6       caution.

7               The other thing is, anti-social traits start to  
8       wane at about 45, so we have to keep that in mind, too.  
9       But as we had also talked about in incentive programs, you  
10      can somehow get anti-social personalities to be very  
11      cooperative because now they're offered an immediate  
12      benefit to them, which would mean they would get more rec  
13      time or more yard time or more property, or whatever it  
14      is. So, that can be dealt with.

15             THE COURT: Can I ask a question? What's a peer  
16      facilitative group? I just want to make sure I understand  
17      what we're talking about. You asked the question, so I  
18      know you know what it is; right?

19             MR. TYRRELL: Yes. I was referring to one of the  
20      plaintiffs talking about peer facilitative groups, where  
21      they met in the dayroom area and challenged each other's  
22      opinions as part of the therapy, which has since been  
23      discontinued.

24             THE COURT: Thank you.

25      Q.       (BY MR. TYRRELL) Was that your understanding of

1 my use of the word --

2 A. Yes, that was my understanding, is that either  
3 they will run almost completely as -- yeah, like you might  
4 say a self-help group. Or occasionally, they'll put  
5 somebody in there who's in an upper level programming into  
6 a lower level programming, and have them help mentor or  
7 peer facilitate.

8 THE COURT: Thank you.

9 Q. (BY MR. TYRRELL) Now, I believe you said the Good  
10 Lives Model has been picking up steam about five years  
11 ago, in terms of sex offender treatment --

12 A. Correct.

13 Q. -- programs. Are there any -- have you read any  
14 documents or evidence critiquing the Good Lives Model and  
15 challenging it for sex offender treatment programming?

16 A. There was a challenge, and that's what I was  
17 actually going to say earlier. I had forgotten that there  
18 was an older approach and they called it just the Relapse  
19 Prevention model. And it was really similar to an  
20 addiction model, where you identify high risk and avoid  
21 your triggers and then you'll never have a problem again.  
22 And that started falling out of favor when the Good Lives  
23 Model came in, which was much more holistic to the person  
24 rather than just this one type of behavior.

25 And for a while, there were challenges back and



1     forth. And what happened is, I think some of the more  
2     well-known treatment providers started getting with --  
3     that had previously been with the Relapse Prevention  
4     model, got on with the Good Lives, and that was sort of  
5     the end of the discussion.

6     Q.       I believe you said, and I might be paraphrasing  
7     slightly, but the mantra of sex offender -- civilly  
8     committed sex offender programs is treatment within the  
9     shortest -- release within the shortest amount of time  
10    possible.

11    A.       Treat and release, correct.

12    Q.       And I believe you said, at least in Florida, we're  
13    looking at three to five years, people entering the  
14    program and leaving?

15    A.       Well, when it started in that state in 1999, up  
16    until about 2004 or '05, really, very few people were  
17    getting out. And that was one of the problems. When GEO  
18    or Correct Care took over in 2006, people started moving  
19    through stages and phases more rapidly.

20            what I'm finding now is, now the men are entitled  
21    -- whether they ask for it or not -- a review every year.  
22    And many years, it's just a paper shuffle because they're  
23    just simply not ready. But then after about three or four  
24    years, and if they're in Stage -- in this one, it would be  
25    Stage 2-2, they will usually go into court and many, many

1 of them are getting out now, yes.

2 Q. And I believe you said the Florida system adopted  
3 a Good Lives Model or some sort of modified version of the  
4 Good Lives Model in 2006?

5 A. What happened was, when GEO took over, they got a  
6 consultant from Canada to come in and help them figure out  
7 how to develop an up to date and functional treatment  
8 facility. That consultant came in, helped them with the  
9 contract negotiations. When they were awarded the  
10 contract, they offered him a job there. And he took over  
11 in 2006, and he brought that model in with him.

12 Q. The other states that have SDP or SVP programs,  
13 how many others have adopted the Good Lives Model?

14 A. You know, that might be in the SOCCPN chart, but I  
15 don't know off the top of my head at all.

16 Q. If a program -- if a civil commitment Sex Offender  
17 Program is successful, would you expect to see people  
18 released on an annual basis?

19 A. What do you mean? That each year some people  
20 would be getting out?

21 Q. Yeah.

22 A. Probably, yeah.

23 Q. Okay. Doctor, I want to turn your attention back  
24 to Plaintiff's Exhibit 53. And, Doctor, as a general  
25 question concerning your reports, you often used the

1 phrase "most states." Are you familiar with --

2 A. what --

3 Q. "Most states."

4 A. "Most states," okay.

5 Q. what do you mean by "most states"? I could point  
6 to a specific example, if that helps.

7 A. Yes, would you please?

8 Q. Sure. I'll come back to that, Doctor, as I go  
9 through your report. I'm sure I'll find an example but,  
10 on the spot, I can't point to it, but.

11 Do you happen to know what the national standard  
12 is for treating and releasing people civilly committed  
13 under the Sex Offender Program?

14 A. As far as what the average duration of time is?

15 Q. Yes.

16 A. I do not.

17 Q. From my reading of your first report, which is  
18 Plaintiff's Exhibit 53, I believe one critique of the  
19 program you have is deficiencies in training among the SDP  
20 program staff members.

21 A. Okay.

22 Q. Did I understand that correctly?

23 A. That was an initial concern, yeah, early on. I  
24 don't think I mention that in my second report.

25 Q. Do you still have that concern?

1 A. On some level, yes.

2 Q. why?

3 A. Part of it was having to do with erratic ratings.  
4 I think it's in evidence already about where a resident  
5 would be rated on what should be an objective test taken  
6 off the SOTIPS scale, and one year you get a 35 and the  
7 next year you get a 70. There shouldn't be that much  
8 variability in a fixed test like that between two  
9 clinicians, if they're both properly trained. So, one of  
10 them had to be wrong or they're both wrong.

11 There was also my concern about the variability of  
12 diagnoses without explanation. If you are -- even if you  
13 didn't make the change in diagnoses but a change was made,  
14 there should be some mention or acknowledgment of the fact  
15 that you see and understand and either agree or don't  
16 disagree with the change in someone's primary diagnoses.

17 Q. when you are referring to this --

18 A. Do you want me to go on? That was it? Okay.

19 Q. Oh --

20 THE COURT: Were you done?

21 A. I was pretty much done, yeah.

22 Q. (BY MR. TYRRELL) Apologize. I didn't mean to cut  
23 you off. But when you were referring to evaluations, are  
24 you referring to the petitions for recovery or semi annual  
25 evaluations?

1 A. Semi annual at the facility.

2 Q. Okay. When you are concerning diagnoses, are you  
3 concerning the diagnoses contained in treatment records at  
4 the SDP program or the diagnoses of the evaluators for  
5 petitions for recovery?

6 A. Both.

7 Q. Okay. Doctor, I think you said, in terms of an  
8 average session or a therapy session, the national average  
9 is 1.7 hours; is that accurate?

10 A. Per group, correct.

11 Q. Per group. Can a one-hour group be effective, in  
12 your opinion?

13 A. Depending on how many people are in it, and it  
14 would depend on the topic.

15 Q. Would you agree with me that the hour, number of  
16 hours for one particular session doesn't necessarily speak  
17 to one way or the other about whether or not a session's  
18 effective -- I -- strike that.

19 Is it possible a session can be too long and  
20 become ineffective?

21 A. Sure. It would have to be quite long but, yeah,  
22 that could happen, too.

23 Q. Isn't it possible a three-hour session, the  
24 session could become ineffective?

25 A. I ran three hours and we take a break in the

1 middle of it. And I found it effective because we could  
2 deal in a timely way both with immediate concerns,  
3 facility concerns that -- because they knew I was a Team  
4 Leader, so they were coming to me with all their problems  
5 -- and we could get past that and then we could start  
6 getting into some real issues. It also allowed time, if  
7 somebody became the focus of the group, that it didn't  
8 completely take away from the other people that one person  
9 had become the focus of the group. And then we could talk  
10 about homework assignments and what we're going to do  
11 between now and the next group. I thought it worked  
12 pretty well.

13 Q. When you say someone's the focus of a group, are  
14 you saying that these groups shouldn't be, you know,  
15 examining someone's treatment plans and shouldn't be  
16 challenging their opinions?

17 A. It shouldn't be doing that?

18 Q. Shouldn't be, like other group members.

19 A. I think it could do that, too.

20 Q. Okay. I believe you testified earlier that a  
21 program only moves at its slowest person, or something to  
22 that effect.

23 A. Something to that effect, yes.

24 Q. Okay. When you -- in practice, and would you  
25 expect that groups are to be arranged by skill levels,

1 meaning reading and writing ability?

2 A. Is that my experience?

3 Q. Yeah.

4 A. It is.

5 Q. And you also -- would you arrange groups based on  
6 their level in their treatment?

7 A. There would be a couple ways. You could do a  
8 special needs track, which would be the guys that are slow  
9 learners, but they would still have the same stages and  
10 phases of treatment. And some facilities actually do a  
11 separate track for the guys that are hard core  
12 anti-socials, and -- but they have the same stages and  
13 phases of treatment.

14 Q. So, is it fair to say you would also take, in  
15 addition to level and treatment, you would also take  
16 diagnoses in arranging treatment groups --

17 A. Um --

18 Q. -- into consideration?

19 A. More the intellectual diagnoses. I don't think, I  
20 don't think separating people out as rapists or pedophiles  
21 is all that beneficial. You would consider it, but I  
22 don't see the need to do it. But it would be more about  
23 their capacity. Because some of the men are extremely  
24 intelligent and have gone to college and such, and some of  
25 them are functionally illiterate, or worse. And so when

1 you run one group with both men in it, both men like that,  
2 the one is going to slow down the group and the other one  
3 is going to start getting bored and anxious, which is a  
4 bad thing.

5 Q. I might have been using the wrong terminology. It  
6 might have been a poorly phrased question. But would you,  
7 for example, have one group of just anti-social  
8 personality -- persons diagnosed with anti-social  
9 personality disorder? So, would you arrange groups  
10 specifically by one mental illness and only focus on that  
11 mental illness?

12 A. No. From what I see or what I have experienced,  
13 is everybody follows the general same curriculum but  
14 they're being separated out because of the impact they  
15 could have on the group as a whole. But each track is  
16 following the same outline.

17 Q. I want to shift gears a little bit and talk about  
18 your critiques of the funding of the program. To your  
19 knowledge, has any Big Muddy River Correctional Center SDP  
20 program request been denied, in terms of funding?

21 A. well, as I had said before, I asked about that.  
22 And I had asked both when I was corresponding with Mr.  
23 Howe, and then I asked it later when I was writing my  
24 second report, and I wasn't provided information on  
25 funding except what I got through the men at the facility.



1 Q. So, your only basis or understanding of the  
2 funding at Big Muddy River Correctional Center and the SDP  
3 program is based on the plaintiffs?

4 A. well, my consideration was that it, it appeared to  
5 be a tight limit of resources due to funding. If there's  
6 some other reason, then that's even more concerning to me.  
7 If it's by design, that would be a bigger problem. When I  
8 received information that they weren't separately budgeted  
9 -- and there were some depositions I read from Dr. Holt  
10 that appeared to relate to funding -- I assumed that's  
11 what it was.

12 Q. Are you familiar with any other civilly committed  
13 program where people are civilly committed or kept in the  
14 same facility as people that have been criminally  
15 convicted?

16 A. There may be. I'm not aware of them, no. But  
17 that was actually part of -- and I know in Florida and  
18 Minnesota and Washington, that was a part of the initial  
19 structure of the law, that they should not be housed in  
20 the same facilities because it runs too close to appearing  
21 punitive.

22 Q. You would agree with me, there are certain safety  
23 and security concerns about working in a prison?

24 A. There are.

25 Q. I want to turn your attention to your latest

1 report which was admitted into evidence as Plaintiff's  
2 Exhibit 55. In this fifth paragraph down starting "as a  
3 result of the low staffing the groups" and then it  
4 continues on, you mentioned specifically number of hours.  
5 What documents were you reviewing to determine the number  
6 of hours of treatment for the plaintiffs in this case?

7 A. You mean the one hour a week?

8 Q. Yeah.

9 A. Sign-in sheets, statements from Dr. Holt,  
10 statements from the men at the facility. There were also  
11 group sheets submitted by the counselor that would give  
12 the time of the group. I didn't see anything that  
13 contradicted one hour a week.

14 Q. Okay. In the very bottom of -- in the very last  
15 sentence of that paragraph, you say: "Further, there was  
16 a mention of a 38 percent cancellation rate of these  
17 groups."

18 A. Yes.

19 Q. Do you see that? Where did you come up with that  
20 number?

21 A. I think one of the men, and I'm not certain, had  
22 done a tally. And what I didn't know if that was related  
23 to heat because it was said in a deposition that groups  
24 are cancelled if it's too hot, and those sort of came  
25 together in what I looked at. So, the 38 cancellation was

1 either heat and other reasons, or just as a result of some  
2 sort of policy about heat.

3 Q. In the second page of Plaintiff's Exhibit 55, you  
4 state: "Both the staff ratio and the group sizes go  
5 against the standards as listed in the Illinois Sex  
6 Offender Management Board's Administrative Code."

7 A. Yes.

8 Q. Where in the Administrative Code of the Sex  
9 Offender Management Board does it state that?

10 A. It says it in the edition before the 2018, and it  
11 specifically says that group sizes should be limited, I  
12 think, 12 -- no greater than 12, was from Sex Offender  
13 Management Board previous policy.

14 And what was your other question?

15 Q. I believe that was my -- I think that answered my  
16 question.

17 A. Okay.

18 Q. But, Doctor, I noticed when you were answering  
19 that question you looked at some papers in front of you.  
20 Tell me what those are.

21 A. Essentially, I wrote a list of columns which would  
22 be -- I just -- it's just numbers because I'm not -- I  
23 don't have a great memory, as it turns out -- which would  
24 be the national average, and then in the middle would be  
25 Rushville, when we talk about that, and then the far

1 column would be the case at Big Muddy.

2 Q. when you are referring to these national average  
3 numbers, is this coming from the SOCCPN data?

4 A. It is -- yes, it is.

5 Q. Okay. And the SOCCPN data hasn't been introduced  
6 into this proceeding as an exhibit for evidence; correct?

7 A. well, that I don't know. But the reason I  
8 hesitated was, some of the numbers that I hold to also  
9 come from ethical guidelines of professional  
10 organizations. So, like group size might have to do with  
11 the American Counselor Association or with ATSA. So, most  
12 of them are covered by SOCCPN, but they are also  
13 additionally covered by other places.

14 Q. In the last full paragraph of page two of  
15 Plaintiff's Exhibit 55, towards the very last sentence, it  
16 states: "It is also not clear the program uses a  
17 recognized arousal management program which necessarily  
18 includes a PPG."

19 A. Yes.

20 Q. What's a PPG?

21 A. Penile plethysmograph.

22 Q. More generally speaking, what is this?

23 THE COURT: What page are we -- where are we?

24 MR. TYRRELL: Page two of Plaintiff's Exhibit 55,  
25 last sentence of the last full paragraph.

1 THE COURT: Oh, okay.

2 A. What is it or what do we call it?

3 Q. (BY MR. TYRRELL) What is it.

4 A. It is -- it's a -- I forget what you call those  
5 types of tests, like a polygraph. But it's a physical  
6 test and it detects arousal at a very minimal level in  
7 men. They have to consent to do it, of course. And it  
8 gives a graph result kind of like a polygraph would, a  
9 line result, when the men see different types of stimuli  
10 in some PPG's, or if they hear it auditory in other PPG's.  
11 And so they might do children; they might do coercive,  
12 like a rape scenario; and then do young, teen, adult. And  
13 try to see if the men are responding to some specific  
14 portion of that group.

15 Q. Based on my reading of this report, a PPG in your  
16 opinion is necessary in terms of evaluating a sex  
17 offender's -- a civilly committed sex offender's treatment  
18 process?

19 A. No. No. Personally, I don't think a PPG should  
20 ever be brought into court and say he's better or not  
21 better.

22 what I had said was that if a program is saying  
23 they are using an arousal management program, that that's  
24 part of the module or that's part of the training that  
25 they're saying they do, you would almost necessarily have

1 to have a PPG in there to see if it's working. Because,  
2 needless to say, you can't take their word for it. "Do  
3 you still find that attractive?" "No." You know. So,  
4 you have to get some sort of biological measure of, do  
5 they still find that arousing.

6 Q. Other critiques of the PPG?

7 A. Not that I'm aware of.

8 Q. Have you looked or reviewed any research or --

9 A. Yeah, I was actually trained in it when I worked  
10 at the Florida Civil Commitment Center. I have seen it  
11 come in and out of court for the last 15 years. I don't  
12 think it's -- like a polygraph, I don't think it should be  
13 used as, you know, "he is one" or "he isn't one," but I  
14 think as a part of treatment it's critical, particularly  
15 when you get guys that are in advanced stages of  
16 treatment, they are no longer in denial, they're  
17 motivated, and you start working on arousal management,  
18 which would almost be akin to like a systematic  
19 desensitization where they just don't get triggered by  
20 seeing or hearing that kind of thing anymore. And you do  
21 it gradually over time with workbooks.

22 Q. I'm going to turn your attention to the third page  
23 of your report. In the third full paragraph, you seem to  
24 raise some criticism or at least some questions of the  
25 diagnosis of sexual sadism.

1 A. Yes.

2 Q. what is sexual sadism?

3 A. Sexual sadism is a pretty high bar. And I have  
4 met my fair share, unfortunately, but it is not simply  
5 rape. It is where -- and this sounds pretty jaded -- but  
6 it's where somebody continues to hurt the victim beyond  
7 what was necessary to commit the crime. They take  
8 pleasure in torture. They burn the victims with  
9 cigarettes. They get off on suffering. That's pretty  
10 high bar. So, a simple rape, or even several of them,  
11 generally wouldn't qualify for sexual sadism.

12 Q. would you agree with me that not everyone with a  
13 sexual disorder is civilly committed?

14 A. Absolutely.

15 Q. And in fact, the people that are civilly committed  
16 are perhaps, you know, the -- either the people that are  
17 caught the most or the people that have the most severe  
18 sexual disorders; correct?

19 A. Ideally.

20 Q. Ideally, it would be the most severe sexual  
21 disorders?

22 A. It would be the most dangerous, ideally.

23 Q. So, wouldn't you expect to see a rise in these  
24 more uncommon sexual disorders among the most severe  
25 population?

1 A. I have seen sexual sadism very, very few times  
2 that there wasn't some argument about how somebody arrived  
3 at that diagnoses, and it was horrific. And if you -- and  
4 I knew who this label was applied to and I looked at his  
5 files. That's not sexual sadism.

6 Q. And so that was Mr. Howe you are referring to?

7 A. Correct.

8 Q. And you reviewed Mr. Howe's files?

9 A. There can be a diagnosis for a nonconsensual  
10 sexual activity, it's call paraphelia NOS nonconsent.  
11 That's where somebody commits rape. I don't know his  
12 legal case, but if that was the case that's what you would  
13 diagnose it.

14 To go from a paraphelia NOS nonconsent to a sexual  
15 sadism would have to be a string of victims who were  
16 injured for his gratification.

17 MR. TYRRELL: One moment, Your Honor.

18 (Pause.)

19 Q. (BY MR. TYRRELL) Doctor, I just have a few more  
20 questions for you. In any of your work experience have  
21 you had any training in prison safety and security  
22 measures?

23 A. Yes. If you look at my vitae, when I was a Team  
24 Leader -- I forget what they called me but, it's kind of  
25 silly, actually -- but I got trained as a Hostage



1 Negotiator Team Leader for the facility because they  
2 actually did have a riot at the place that I worked at,  
3 and they needed somebody on-site that would be on call in  
4 case another riot occurred. And I got trained by an  
5 outside agency, and they went through a lot of the  
6 correctional stuff, what's protocol and what are the  
7 rules, and all that kind of stuff.

8 Q. would you agree with me then, that in a prison  
9 setting sometimes a safety and security concern might  
10 impact treatment?

11 A. It can, sure.

12 Q. For example, have you ever been in a situation  
13 where there's a prison lockdown?

14 A. Yes, I have.

15 Q. In that case, a lockdown, necessarily group  
16 therapy cannot take place?

17 A. Correct.

18 Q. As part of the documents you reviewed, I think  
19 specifically Plaintiff's Exhibit 1, I believe you said you  
20 reviewed the Rushville Treatment and Detention Center's  
21 schedules?

22 A. Yes. I don't think it was 1 but, yes.

23 Q. Okay. It was one of the exhibits that was --

24 A. Yes.

25 Q. -- reviewed. Is the Rushville Treatment and

1 Detention Center treatment schedule the only  
2 professionally accepted schedule?

3 A. No.

4 Q. And is the Rushville Treatment and Detention  
5 Center treatment plan the only professionally accepted  
6 plan?

7 A. No.

8 MR. TYRRELL: Thank you, Doctor. Those are all  
9 the questions I have at this time.

10 REDIRECT EXAMINATION

11 BY MR. STOBBS:

12 Q. Dr. Cauley, did you need to talk to Dr. Holt or  
13 anyone else at Big Muddy to reach your opinion?

14 A. I did not.

15 Q. Did you need to walk through both wings to reach  
16 your opinion?

17 A. I did not.

18 Q. And you were asked questions about the SDP and SVP  
19 program; do you remember that?

20 A. I do.

21 Q. And they're both mental disorders?

22 A. Correct.

23 Q. Just because one has a different consonant, D  
24 versus V, do the people receive different treatment?

25 A. It would be the same disorder, so it would

1       probably be the same treatment.

2       Q.       And would SOCCPN apply to both of those?

3       A.       It would.

4       Q.       SOCCPN, is that something that -- would you tell  
5       Judge Yandle how SOCCPN came about?

6       A.       Well, my understanding was, it was a network of  
7       facility administrators or directors that were talking  
8       behind the scenes of some of the professional  
9       organizations, and then they started to put out surveys.  
10      I know one of the surveyors, Rebecca Jackson, worked at  
11      the Florida Civil Commitment Center. Another one, Shan  
12      Jumper, works at Rushville. And these people come  
13      together and share their knowledge and information about  
14      being the administrator of a commitment program.

15               THE COURT: Is SOCCPN a set of guidelines? Is it  
16      something that's in written form or is it --

17               THE WITNESS: It's -- usually comes -- it's  
18      available online, and then they'll present it in -- at  
19      something like an ATSA conference, they'll get a slated  
20      thing. And it's not guidelines as much as information  
21      about what everybody else is doing.

22               And more -- beyond what we talked about, it will  
23      also go into issues of like: How do you deal with  
24      personal property? How do you deal with food? How do you  
25      -- what kind of jobs do you give the guys? And it just

1 goes through the whole -- and then, who do you hire?

2 THE COURT: But it's published data?

3 THE WITNESS: It is.

4 Q. (BY MR. STOBBS) And Rushville responded to these  
5 surveys; is that correct?

6 A. Correct.

7 Q. What does it mean to you if you have in the same  
8 state that one facility responds and the other one just  
9 ignores the survey?

10 MR. TYRRELL: Objection, Your Honor, calls for  
11 improper opinion.

12 THE COURT: Overruled.

13 A. I -- I'm not sure if they didn't -- if Big Muddy  
14 elected not to respond or Big Muddy wasn't invited. I'm  
15 not really sure which it was.

16 Q. (BY MR. STOBBS) Assume that they were invited to  
17 respond and didn't. What would your opinion be?

18 MR. TYRRELL: Objection, Your Honor, calls for  
19 speculation.

20 THE COURT: Sustained.

21 Q. (BY MR. STOBBS) Do you know what model Big Muddy  
22 follows?

23 A. Well, I don't know if I saw it specifically, but I  
24 would, I would guess looking at the core groups and  
25 looking at the other things that they are running under a

1 Relapse Prevention model.

2 Q. In your opinion, which is the better standard?  
3 The good vibes model or the relapse model?

4 A. You know, there was a lot of publication came out  
5 from some of the big people in the area, one of them being  
6 Tony Ward, who does a lot of work with treatment. And  
7 there was a decline in the Relapse Prevention because it,  
8 it was really very similarly modeled after addiction,  
9 where you identify the singular problem is that you are an  
10 alcoholic, and then start to deal with the triggers and  
11 high risk.

12 So, if we look at some of the work like Mr. Howe  
13 submitted, that would follow that, where he went into:  
14 what's my trigger? what's my cycle? Specific to the  
15 offending. But it didn't take into account all of the  
16 other rest of the person. That might work in the  
17 community for someone who is an alcoholic, who has a job,  
18 and is married and has kids and stuff.

19 But with this type of population, usually you have  
20 so many other issues of their family background, their  
21 values, their ethical things, that you'd use a Good Lives  
22 Model.

23 Q. What challenges to the Good Lives Model have been  
24 made in say the last two or three years?

25 A. None. None that I'm aware of.

1 Q. Do you consider that the gold standard?

2 A. At this time, yes.

3 Q. When you were talking to the Attorney General, you  
4 indicated that the anti-social disorder starts to wane at  
5 age 45?

6 A. 40, 45, yes.

7 Q. Why is that?

8 A. That's not my opinion, that's in the DSM-V.

9 Q. Okay.

10 A. And the reason it's in the DSM-V, and they talk  
11 about it in there -- which is the Diagnostic Statistical  
12 Manual for psychiatry and psychology, whatever -- they  
13 talk about it as, it could be a combination of things.  
14 Probably, it could be hormonal change. It could be that  
15 at the age of 45 or 50 -- and it's usually men that always  
16 do these kind of things -- they start to get some  
17 investment or they start to have some concern about where  
18 they live and what they do, that they may not have had at  
19 20.

20 But I have seen it happen, where you take the  
21 declining risk in certain of these disorders and you  
22 overlay it with the hormonal change in men, they're pretty  
23 much matched up.

24 Q. Their testosterone dries up?

25 A. Yeah. Yeah.

1 Q. You indicated that on the treat and release and  
2 the shortest time possible in Florida, that there are some  
3 situation where it's reviewed every year?

4 A. Correct.

5 Q. Could you tell Judge Yandle why that is?

6 A. Starting from the date that a person is committed,  
7 often by jury, sometimes they self-commit. Every year, it  
8 comes up on the calendar that they're entitled to a  
9 hearing. That's done through the public defender's office  
10 or private attorney. And what will happen is -- it would  
11 have to be the public defender or the individual,  
12 actually, that would initiate moving forward. Typically,  
13 two, three years might go by where the attorney basically  
14 says, *we're not going to do anything this year*, and then  
15 the next year, *we're not going to do anything*. Then there  
16 comes a point where the person is in an advanced level of  
17 programming and they can find some expert that will  
18 support them, and then they petition for a probable cause  
19 based on having an expert. And then the State would  
20 respond by hiring their own.

21 Q. And you indicated there's a paper shuffle. what  
22 is that?

23 A. The first couple years, they still have to come up  
24 in front of the court, they still have to have their  
25 moment, but then the attorney would say, "we're not going

1 to do anything this year," and it's signed and sent away  
2 for that year.

3 Q. The General asked you if you expect to see people  
4 released on an annual basis.

5 A. He did.

6 Q. And you said that that -- you thought that they  
7 should.

8 A. If I understood the question correctly, yes.

9 Q. Do you expect people be, not be released after say  
10 40 years?

11 A. No, I would not expect that at all.

12 Q. Do you expect people to still be civilly committed  
13 who are in a wheelchair with COPD and can't walk, and are  
14 70 years old?

15 A. I would not.

16 Q. And is that because they don't pose a danger?

17 A. It would be a combination of things. It would be  
18 the change in their diagnoses over time. It would be the  
19 change in their risk based on risk reduction and age. It  
20 would be -- then you would go into things like physical  
21 mobility and stamina, which it's hard to commit crimes  
22 when you can't move around very well.

23 Q. And you can't get away from your oxygen tank.

24 A. Correct. So, all these things come together in a  
25 good evaluation.



1 Q. And you were talking about, with the General,  
2 about the, what Big Muddy has -- the funding. Do you  
3 remember that?

4 A. I do.

5 Q. And do you know what they have requested?

6 A. I do not.

7 Q. Do you know if they have requested anything?

8 A. I do not.

9 Q. And I -- you talked about, you relied on various  
10 different things. I'm going to show you Plaintiff's  
11 Exhibit 10, which has already been admitted into evidence.  
12 And do you remember looking at that for -- when you --  
13 before you prepared your report?

14 A. I did.

15 Q. And could you tell Judge Yandle what you relied on  
16 and what that meant to you, Exhibit 10?

17 A. Is there a second page to this?

18 Q. Yeah. There you go.

19 A. It -- there were two, actually, documents. I  
20 don't know if it was on the first page, but somebody had  
21 inquired about this and they said that there was not a  
22 separate budget. There was not a separate budget  
23 facility. And then this one says that there have been no  
24 expenditures specific to this program.

25 Q. what does that mean to you?

1 A. well, that's part of the reason I requested some  
2 information further about the financial. I'm not sure  
3 what it means. If they're, if they're in this -- I could  
4 wonder if they're in the correctional facility and they're  
5 not being budgeted at all, but they're continuing to --  
6 I'm not really sure what it means, that they have asked  
7 for no expenditures.

8 Q. And you indicated that, in Washington, it was too  
9 close to being punitive?

10 A. Yes.

11 Q. How about Big Muddy?

12 A. I would think it would fall under the same  
13 concern.

14 Q. You were talking about the PPG. Do you remember  
15 that?

16 A. Yep.

17 Q. And is poly -- taking a polygraph part of  
18 treatment, as well?

19 A. It usually is. It's not usually used specific to  
20 the offenses, as to whether or not you did them. What,  
21 what happens is, somebody has to usually present a full  
22 history in the group setting. They present a full history  
23 that includes all their sexual crimes. Ideally, ones you  
24 have not been charged with, either. So, you include  
25 everything.

1           Then when they go to the polygraph, before they  
2           advance to the next stage, the polygraph is basically, *Is*  
3           *this accurate? Is this history accurate?*

4           what you will run into is men that might own up to  
5           several and deny others, but they pass as accurate. And  
6           that's where that comes in.

7           Q.       And when you were talking about the most serious  
8           sexual disorders -- do you remember that?

9           A.       I do.

10          Q.       Do those, do those people deserve treatment?

11          A.       Absolutely.

12          MR. STOBBS: I have no other questions, Judge.

13          MR. TYRRELL: I don't have any followup, Your  
14          Honor.

15          THE COURT: I just have a couple for you, Doc.

16                               EXAMINATION

17          BY THE COURT:

18          Q.       In your review of this case, of the materials in  
19                   this case, did you gain any knowledge or become familiar,  
20                   at least generally, with the judicial process whereby  
21                   program participants can -- I guess they call it recovery  
22                   petition?

23          A.       Yes.

24          Q.       Are you generally familiar with that process and  
25                   how that goes in the State of Illinois?

1 A. To a limited degree. I know it happens. I know  
2 Mr. Howe went through it and I learned about it that way.

3 Q. Are you familiar with the similar -- I guess all  
4 programs have a similar process -- all states that have  
5 the statute, there is a process by which the civilly  
6 committed can go back to court at some point in time and,  
7 and seek discharge or conditional discharge?

8 A. I think the difference being that often they're  
9 triggered at the judicial level rather than at being the  
10 responsibility of the men to, to petition.

11 Q. Okay. Well, let me just ask you this: Based on  
12 your review of the information in this case, can you give  
13 me an idea or tell me, when there is a recovery petition  
14 that goes to certain -- goes back to the Circuit Court for  
15 determination, what the court -- what information the  
16 court considers?

17 In other words, I'm interested in, do they  
18 consider the actual evaluative documents from the program  
19 or is -- what information -- do you have an understanding  
20 as to what they, what they consider in making their  
21 determination?

22 A. In this situation?

23 Q. Yes.

24 A. In this state?

25 Q. Yes.

1 A. I do not, no.

2 THE COURT: All right. I have nothing.

3 All right. Another good time for a break. why  
4 don't we go ahead and take a break for lunch until 12:50.

5 Mr. Stobbs, are you going to have any other  
6 witnesses after --

7 MR. STOBBS: No, ma'am.

8 THE COURT: Or are you going to rest?

9 MR. STOBBS: We would rest.

10 THE COURT: Okay. well, why don't we do this.  
11 Plaintiffs are resting. why don't we come back at 1:00 --  
12 we'll come back at 1:00. we'll take up the Rule 50  
13 motions at the close of plaintiffs' case. And then,  
14 assuming that, that we're going to go forward, then we can  
15 begin with the defendant's case.

16 (Court recessed from 11:49 a.m. to 1:00 p.m.)

17 (Proceedings continued in open court, parties  
18 present.)

19 THE COURT: Do we need to take up motions at the  
20 end of plaintiff's case?

21 MR. ROCKERSHOUSEN: Your Honor, the defendants are  
22 not making a motion at this time.

23 THE COURT: Okay.

24 MR. SPREHE: Neither are the plaintiffs, Your  
25 Honor.

1 THE COURT: All right. We are in the defendants'  
2 case. The defendants may call their first witness.

3 MR. ROCKERSHOUSEN: Your Honor, the defendants  
4 call warden Daniel Sullivan to the stand.

5 (Witness sworn by clerk.)

6 THE WITNESS: Daniel Sullivan, S-U-L-L-I-V-A-N.

7 DANIEL SULLIVAN,  
8 having been first duly sworn, was examined and testifies  
9 as follows:

10 DIRECT EXAMINATION

11 BY MR. ROCKERSHOUSEN:

12 Q. Good afternoon, warden Sullivan.

13 A. Good afternoon.

14 Q. You are currently the warden at Big Muddy River  
15 Correctional Center?

16 A. Correct.

17 Q. How long have you been the warden at Big Muddy?

18 A. I was appointed the Acting warden June of last  
19 year. Official capacity, I believe it was July 14th of  
20 last year.

21 Q. And how long have you worked for the Illinois  
22 Department of Corrections?

23 A. Twenty-eight years, eleven months.

24 Q. And how long have worked at Big Muddy River  
25 Correctional Center?

1 A. Since August of 1996.

2 Q. What other assignments have you held at Big Muddy  
3 besides warden?

4 A. A Correctional Officer, temporarily assigned as a  
5 Sergeant, Lieutenant, Captain, Shift Commander, Security  
6 Specialist, Assistant Warden of Operations.

7 THE COURT: I'm sorry. What was that last one?

8 THE WITNESS: Assistant Warden of Operations.

9 THE COURT: Okay.

10 Q. (BY MR. ROCKERSHOUSEN) As Warden of Big Muddy  
11 River Correctional Center, are you familiar with the  
12 policy and procedures in effect at that facility?

13 A. Yes, sir.

14 Q. At this time, I'd like to show you what's been  
15 previously marked and admitted as Plaintiff's Exhibit 2.  
16 And what is that document?

17 A. That's the Inmate Orientation Manual.

18 Q. And are both criminally convicted and civilly  
19 committed offenders given a copy of this manual when they  
20 arrive at Big Muddy River Correctional Center?

21 A. I do believe so, yes.

22 Q. And does this manual weigh out the policies and  
23 procedures that apply to both criminally convicted and  
24 civilly committed offenders that reside at Big Muddy?

25 A. Yes.

1 Q. As Warden, are you familiar with the disciplinary  
2 procedure for offenders at Big Muddy?

3 A. Yes, sir.

4 Q. And is there an Adjustment Committee at Big Muddy?

5 A. Yes, sir.

6 Q. And what is the Adjustment Committee?

7 A. The Adjustment Committee is made up of hearing  
8 investigative officers, actual hearing officers and, for  
9 lack of better terms, the court, that consisting of two  
10 members.

11 Q. And the Adjustment Committee hears disciplinary  
12 tickets that are issued to both criminally and civilly  
13 committed offenders; correct?

14 A. Correct.

15 Q. Is segregation one of the kinds of discipline that  
16 the Adjustment Committee can recommend?

17 A. Yes.

18 Q. And as warden, do you approve of any discipline  
19 recommended by the Adjustment Committee or your designee?

20 A. I have to approve and disapprove it.

21 Q. what kind of offenses can an offender, both  
22 criminally and civilly committed, be sent to segregation  
23 for?

24 A. Assault, both on staff or other inmates; dangerous  
25 contraband; threats and intimidation; repeated offenses



1 of, of certain natures.

2 THE COURT: of what?

3 THE WITNESS: Of certain natures. Multiple,  
4 multiple offenses.

5 Q. (BY MR. ROCKERSHOUSEN) If a civilly committed  
6 offender -- which you understand to mean a sexually  
7 dangerous person or SDP; correct?

8 A. Right.

9 Q. If one them is issued a ticket for disobeying a  
10 direct order, is that a ticket that could result in  
11 placement in segregation?

12 A. It could, yes.

13 THE COURT: Direct order of who? I'm sorry, I  
14 just ask for clarification. Mr. Rockershousen, could you  
15 clarify?

16 MR. ROCKERSHOUSEN: I'm sorry.

17 Q. (BY MR. ROCKERSHOUSEN) In what circumstances could  
18 disobeying a direct order result in segregation?

19 THE COURT: No, I meant clarify, you mean a direct  
20 order of the program staff or a direct order of the  
21 correctional staff?

22 Q. (BY MR. ROCKERSHOUSEN) When you say "disobeying a  
23 direct order," what do you understand that to mean?

24 A. First and foremost, correctional staff. SDP staff  
25 are allowed and sometimes are required to write IDR's, as

1 we call them, Inmate Discipline Reports.

2 THE COURT: I understand. I'm just trying to get  
3 to -- you asked him whether the disregard of a direct  
4 order can result in segregation. I'm trying to understand  
5 whether it's the same, whether it's a direct order of  
6 program staff or direct order of correctional staff. Is  
7 there any difference? In other words, can a program  
8 participant end up in segregation for disregarding a  
9 direct order of program staff?

10 THE WITNESS: Yes.

11 Q. (BY MR. ROCKERSHOUSEN) And what are the  
12 circumstances in which that could happen?

13 A. In regards to disobeying a direct order?

14 Q. Yes.

15 A. Refusing housing.

16 Q. And when you say "refuse housing," is that when an  
17 offender is ordered to move to a cell and they refuse to  
18 go?

19 A. Yes.

20 (Pause.)

21 THE WITNESS: May I elaborate on that, ma'am?

22 THE COURT: Sure.

23 A. When I say "refuse housing," now that is part of  
24 the security makeup. The SDP staff works with our  
25 placement officer. So, the actual order would come from a

1 security personnel. I can't honestly think -- and I might  
2 be wrong -- I can't honestly think of a time that a SDP  
3 program staff would have given that order. That would  
4 have had to have come from one of our security personnel.

5 THE COURT: So, in order to be subject to  
6 segregation, the order would have had to -- would have had  
7 to come from IDOC security staff?

8 THE WITNESS: Yes, ma'am.

9 THE COURT: That's all I was trying to get, that  
10 clarification.

11 THE WITNESS: Okay.

12 THE COURT: Thank you.

13 Q. (BY MR. ROCKERSHOUSEN) And are you familiar with  
14 the dress code for sexually dangerous persons at Big  
15 Muddy?

16 A. Yes.

17 Q. And what is the dress code?

18 A. Blue pants, blue shirt, ID.

19 Q. And why aren't the SDP's allowed to wear whatever  
20 they want?

21 MR. SPREHE: Objection, Your Honor, foundation.

22 THE COURT: Overruled.

23 You can answer.

24 A. It's part of the programming requirement.

25 THE WITNESS: Stop me if I go too far on this,

1 ma'am.

2 THE COURT: I will, trust me. Go ahead.

3 A. How do I say this? By them wearing -- coming out  
4 and getting dressed every day, being on the deck dressed  
5 properly, I see a lot more respect for each other, a lot  
6 more organization. Does that make sense?

7 Q. (BY MR. ROCKERSHOUSEN) Yes. Thank you. Are  
8 there also criminally convicted inmates that are housed at  
9 Big Muddy River Correctional Center?

10 A. Yes, sir.

11 Q. Are there any security concerns with allowing  
12 SDP's to wear civilian clothes?

13 A. Absolutely.

14 Q. And what are those security concerns?

15 A. General population would have a big problem with  
16 that. That could turn into a very serious security issue.  
17 If they are allowed to wear general population clothes or,  
18 or street clothes, per se, it would be very easy for them  
19 to walk out during a visit or something like that.

20 Q. And are you aware that some medical conditions  
21 require inmates to be on oxygen?

22 A. Yes.

23 Q. Are oxygen tanks allowed on the housing wings at  
24 Big Muddy?

25 A. No.

1 Q. And why not?

2 A. Basically, it's a -- it's weaponized. You can put  
3 a spark to that and that becomes a missile. It's a  
4 danger.

5 Q. Are you aware of the schedule that SDP's have for  
6 accessing the dayroom?

7 A. (Nonverbal response.)

8 Q. You need to answer out loud.

9 A. Yes, sir.

10 Q. And is that schedule something that you approve as  
11 warden?

12 A. Yes.

13 Q. Do the SDP's have more or less time on the dayroom  
14 than criminally convicted inmates?

15 A. They have more time.

16 Q. Are there any security concerns with allowing the  
17 SDP's to be in the dayroom whenever they want?

18 A. Yes. There would be staffing concerns, for lack  
19 of better terms. That would be chaos, having them out all  
20 the time. I believe you would see a rise in fights,  
21 assaults, both of a physical kind and maybe of a sexual  
22 kind.

23 Q. Are there property restrictions as far as what  
24 property sexually dangerous persons can own?

25 A. I can't honestly answer that, not so far as

1 property. Are you talking about televisions, radios? Are  
2 you talking about reading material?

3 Q. Sure. That was a bad question. In general, for  
4 all the residents at Big Muddy, both civilly and  
5 criminally convicted, are there certain property items  
6 that you don't want in the institution?

7 A. Yes.

8 Q. And what, what kinds of property might that be?

9 A. Pornographic material, would be one. Any type of  
10 material that can be utilized to escape, record, things of  
11 that nature.

12 Q. And are there certain materials that are  
13 restricted because of what they're made of? For example,  
14 would a certain number of, or type of typewriters be  
15 restricted for any reason?

16 A. Absolutely.

17 Q. And why is that?

18 A. Some of the components can be utilized to  
19 makeshift homemade weapons, homemade knives, shanks,  
20 things of that nature.

21 Q. Thank you. Do the SDP's at Big Muddy have any  
22 contact with general population inmates at Big Muddy?

23 A. Minimal.

24 Q. And where would that contact occur?

25 A. Health Care Unit lobby, would be one. Minimal

1 contact in the dining room, would be another one. I'm not  
2 100 percent sure on this one, but I believe we allow SDP's  
3 to go to the physically challenged yard line, too.

4 Q. And the situations where SDP's come into contact  
5 with the general population inmates, is there any kind of  
6 security staff present?

7 A. More staff there.

8 Q. More staff than there would otherwise be?

9 A. Yes.

10 Q. And are general population inmates housed on the  
11 same wing as SDP's?

12 A. No.

13 MR. ROCKERSHOUSEN: Thank you, warden. That's all  
14 the questions that I have.

15 CROSS-EXAMINATION

16 BY MR. SIMMONS:

17 Q. Good afternoon, warden.

18 A. Good afternoon.

19 Q. Curious about what your day is like on the job at  
20 Big Muddy.

21 A. My day?

22 Q. Yes. What's a typical day?

23 A. Typical day, I would go in, check my e-mails, see  
24 what emails that I do have.

25 Q. And that's in your office?

1 A. Yes, that's in my office.

2 Q. Is that at Big Muddy?

3 A. Yes.

4 Q. Okay. Keep going. Check your e-mails.

5 A. Working on the various forms, paperworks, things I  
6 have to sign off on, grievances, incident reports, things  
7 of that nature. Might be on a conference call, typically.

8 Q. Who would that be with?

9 A. Possibly Springfield; my Deputy Director; it might  
10 be my Chief of Operations.

11 Q. Who is your direct supervisor?

12 A. My direct supervisor, Robert Mueller.

13 Q. The head of IDOC; is that right?

14 A. No. He is the Deputy Director. He is my direct  
15 supervisor.

16 Q. The Deputy Director, he is your direct supervisor.  
17 Got it. Thank you. So, conference calls, just typical  
18 office kinds of stuff?

19 A. Things like that.

20 Q. Do you get out in the prison much?

21 A. Yes, I do.

22 Q. I know you have been, because you have been there  
23 since '96; correct?

24 A. Yes.

25 Q. Do you know the plaintiffs in this case?



1 A. I know Mr. Needs very well. I know Mr. Howe. The  
2 other gentlemen, no.

3 Q. Okay. What about the client that's not here,  
4 Timothy Charles.

5 A. Timothy Charles. Mr. Charles lives in our Health  
6 Care Unit.

7 Q. Do you know him?

8 A. I know him. Not extremely well, no.

9 Q. Do you recall meeting me in June at Big Muddy?

10 A. In June?

11 Q. I believe it was June. Could have been July, I  
12 don't know.

13 A. No, I don't.

14 Q. This summer sometime. Do you ever go to the  
15 Health area in Big Muddy?

16 A. Yes.

17 Q. Is there any reason I couldn't go to the Health  
18 area in Big Muddy?

19 A. You?

20 Q. Yes.

21 A. It would have to be approved.

22 Q. Who approves that?

23 A. My Deputy Director Robert Mueller.

24 Q. In Springfield?

25 A. You can say that. He has an office in Marion,

1 too, sir.

2 Q. So, I have to ask him to see my client who lives  
3 in Health Care?

4 A. You have to request it through me. I have to get  
5 it approved through him, due to you being a civilian.

6 Q. Okay. See, one of the things I wanted to ask you  
7 about was: why, when you knew I was coming to see my  
8 client in June, was I prevented from walking to the Health  
9 Care thing, which you apparently do regularly, and talk to  
10 my client there?

11 MR. ROCKERSHOUSEN: Objection, relevance, exceeds  
12 the scope of direct.

13 THE COURT: I'm going to sustain that. I'm not  
14 sure this is relevant.

15 MR. SIMMONS: Thank you.

16 Q. (BY MR. SIMMONS) So, you have been the warden  
17 since June of '17; correct?

18 A. Correct.

19 Q. I'm going to show you a few pictures. I need to  
20 be able to see those pictures, though. I'm going to hand  
21 you what's been marked Plaintiff's Exhibit 64. Can you  
22 identify that, please? And this will be quick. We can  
23 just wrap through these.

24 A. Yes. This is C wing.

25 Q. C wing?

1 A. Yes.

2 Q. And Exhibit, Plaintiff's 65?

3 A. I believe that would be C wing, also.

4 Q. And 66?

5 A. C wing.

6 Q. And 67?

7 A. C wing.

8 Q. And 68?

9 A. C wing.

10 Q. I'm going to keep going, handing you exhibits --  
11 Exhibit, Plaintiff's 75.

12 A. D wing.

13 Q. Exhibit 76?

14 A. D wing.

15 Q. Exhibit 77?

16 A. D wing.

17 Q. Exhibit 78?

18 A. D wing.

19 Q. And Exhibit 79?

20 A. D wing.

21 Q. Thank you. would you agree those wings are pretty  
22 identical? other than whatever color they are, because  
23 I'm colorblind, I can't even tell that, but.

24 A. Yes, I would agree to that.

25 Q. Continue with the exercise here. Plaintiff's

1 Exhibit 69. What is that?

2 A. Your question?

3 Q. What is that?

4 A. It's a cell door with No. 36 on it.

5 Q. And it is in what wing?

6 A. I have no idea.

7 Q. Okay. Plaintiff's Exhibit 70, what is that?

8 A. That is a cell.

9 Q. Can give me any more specific? Can you tell me  
10 what house it's in? What wing it's in?

11 A. No.

12 Q. What about Plaintiff's Exhibit 71? What is that?

13 A. That's a cell. By the observation -- from what I  
14 see, this is just an estimated guess, this would be C wing  
15 due to the wheelchair that's currently on it.

16 Q. Okay.

17 A. And the color of the wing.

18 Q. Very good. What about Exhibit 82?

19 A. A cell.

20 Q. Any particular wing or --

21 A. I can't make that determination.

22 Q. Okay. Thank you. I'll take those. Thank you,  
23 warden. What percentage of prisoners at Big Muddy are  
24 illiterate?

25 MR. ROCKERSHOUSEN: Objection, foundation.

1 THE COURT: Overruled.

2 A. I can't honestly answer that.

3 Q. (BY MR. SIMMONS) Is there anyone that could  
4 answer that? Could your direct supervisor answer that?

5 A. I don't know that he would be able to.

6 Q. Do you even test for that?

7 A. I'm sure that our school district might be able to  
8 give us a better answer than that.

9 Q. So, like the Marion Elementary School, or what are  
10 we talking about?

11 A. No. The school district within the Department of  
12 Corrections.

13 Q. So, if somebody wants to go to college, you're  
14 going to know they're not illiterate and put them in this  
15 column? And if somebody doesn't ever go to school, you  
16 would never -- have no way of knowing, would you?

17 A. I don't, I don't follow your --

18 Q. Okay. Well, withdraw that. Sorry.

19 Tell me about that -- I think you called it a  
20 court, your disciplinary court?

21 A. For lack of a better terms.

22 Q. Okay. Tell me about that.

23 A. The Adjustment Committee?

24 Q. Yes. That's adjusting tickets that are issued to  
25 the inmates?

1 A. That's, that's what it's called, yes.

2 Q. Okay. What's the procedure should an inmate  
3 decide to vote? Obviously, felon inmates cannot. But  
4 civilly committed who are not felons, how do they vote?

5 MR. ROCKERSHOUSEN: Objection, relevance, exceeds  
6 the scope of direct.

7 THE COURT: Sustained.

8 Q. (BY MR. SIMMONS) Can you tell me which of the  
9 plaintiffs you know again? You told me once.

10 A. Mr. Needs, Mr. Howe.

11 Q. Let's talk about George Needs for a second.

12 As Warden of Big Muddy, do you find it a little  
13 odd that someone is civilly committed there for over 40  
14 years --

15 MR. ROCKERSHOUSEN: Objection, exceeds the scope  
16 of direct, foundation.

17 THE COURT: If a warden doesn't have an opinion on  
18 that, it would be pretty interesting. Overruled.

19 A. Please repeat the question.

20 Q. (BY MR. SIMMONS) Do you find it, as warden,  
21 someone who's been at Big Muddy River since 1996 and  
22 warden since June of 2017, do you find it unusual that a  
23 civilly committed inmate has been there for over 40 years?

24 A. No. No, I wouldn't.

25 Q. Does -- thank you.

1 MR. SIMMONS: I don't have anything else.

2 MR. ROCKERSHOUSEN: Nothing further, Your Honor.

3 THE COURT: You may step down, Warden. Thank you.

4 THE WITNESS: Thank you, ma'am.

5 THE COURT: Call your next witness.

6 MR. TYRRELL: Your Honor, defendants call Jessica  
7 Stover.

8 (Witness sworn by clerk.)

9 THE WITNESS: My name is Jessica Stover.

10 S-T-O-V-E-R.

11 JESSICA STOVER,  
12 having been first duly sworn, was examined and testifies  
13 as follows:

14 DIRECT EXAMINATION

15 BY MR. TYRRELL:

16 Q. Miss Stover, can you tell me where you are  
17 currently employed?

18 A. I am currently employed at the Illinois Department  
19 of Corrections at Big Muddy River correctional facility.

20 Q. And what is your title with the Department of  
21 Corrections at Big Muddy River Correctional Center?

22 A. Social worker IV.

23 Q. And is there an unofficial title, apart from  
24 Social worker IV?

25 A. I am primarily assigned to the Sexually Dangerous

1 Persons Treatment Program.

2 Q. I just have some general background questions.  
3 Can you tell me what the highest level of education you  
4 have achieved is?

5 A. I have a Master's in Social work and then an  
6 Advanced Clinical license.

7 Q. And where did receive your Master's in Social work  
8 from?

9 A. Southern Illinois University, Edwardsville.

10 Q. And you said it is an Advanced Clinical license?

11 A. Yes, Licensed Clinical Social Worker.

12 Q. Is this a license from the State of Illinois?

13 A. Yes, through the Illinois Department of  
14 Professional Regulation.

15 Q. What sort of training or experience do you need,  
16 if any, to attain the Licensed Clinical Social Worker,  
17 Advanced Clinical license?

18 A. To receive the LCSW, the Licensed Clinical Social  
19 Worker, I had to complete a number of hours under  
20 supervision from somebody who is also licensed as a  
21 clinical professional, I believe it was 300 hours, and  
22 half of that had to be in direct service with client  
23 populations. And then I also had to take a test approved  
24 by the Illinois Department of Professional Regulation and  
25 pass that test to be licensed.



1 Q. when did you first obtain your LCSW?

2 A. I believe 2008.

3 Q. Do you currently hold any other licensures?

4 A. Yes.

5 Q. what other licensures do hold?

6 A. I am also licensed through the Illinois Department  
7 of Professional Regulation as a licensed Sex Offender  
8 Treatment Provider and licensed Sex Offender Evaluator.

9 Q. And when did you obtain -- when did you obtain  
10 your license to be a Sex Offender Treatment Provider?

11 A. Both the treatment provider and the evaluator  
12 license were new licenses that were enacted in 2014, and I  
13 received both of them in 2014.

14 Q. So, prior to 2014, there was no Sex Offender  
15 Treatment Provider, Sex Offender Treatment Evaluator  
16 license in the State of Illinois?

17 A. Not a specific license, no.

18 Q. Okay. Have there been any lapses in your licenses  
19 since you have obtained them?

20 A. No.

21 Q. Have you ever been disciplined by any regulatory  
22 board?

23 A. No.

24 Q. when did you first join the staff at Big Muddy  
25 River Correctional Center?

1 A. In October of 2010.

2 Q. what was your job title when you joined in October  
3 of 2010?

4 A. Social worker IV.

5 Q. when you started in October of 2010 as a Social  
6 worker IV, were you hired on to work in the sexually  
7 dangerous person or Sex Offender Program?

8 A. Yes.

9 Q. Prior to coming to Big Muddy River Correctional  
10 Center in October of 2010, have you ever worked in the sex  
11 offender treatment provider field?

12 A. Yes.

13 Q. what sort of work did you do before you came to  
14 Big Muddy?

15 A. Prior to employment at Big Muddy, I worked in  
16 private practice in the community doing sex offender  
17 treatment and evaluation for individuals on probation  
18 and/or parole. And then also in several different  
19 juvenile residential homes where we had a number of youth  
20 that had sexual behavior problems, and I was doing  
21 treatment with them, as well.

22 Q. So, if you had to estimate, how long have you been  
23 in the field of sex offender treatment providing?

24 A. Twelve years.

25 Q. Twelve years. who was the program Administrator

1 for the SDP program when you came to Big Muddy in October  
2 of 2010?

3 A. Dr. Mark Carich, C-A-R-I-C-H.

4 Q. And I understand at some point Mr. Carich left the  
5 program and Dr. Holt became the Administrator?

6 A. Yes.

7 Q. Do you recall when Dr. Holt joined the program?

8 A. I believe Dr. Holt began toward the end of 2013.

9 Q. So, you worked for a period of time under Dr.  
10 Carich but also under Dr. Holt?

11 A. Yes.

12 Q. And I should clarify, Dr. Holt is your immediate  
13 supervisor at Big Muddy?

14 A. Yes.

15 Q. It's my understanding that Big Muddy generally has  
16 a Sex Offender Program; is that correct?

17 A. Yes.

18 Q. And that's kind of an overarching umbrella also  
19 covering the Sexually Dangerous Person Program?

20 A. Yes.

21 Q. Do you do work outside the Sexually Dangerous  
22 Person Program?

23 A. I have also other duties assigned to me within the  
24 institution, yes.

25 Q. I guess I should ask more generally. So, there's

1 general population inmates at Big Muddy that are receiving  
2 sex offender treatment; correct?

3 A. Yes.

4 Q. Do you provide treatment to those offenders?

5 A. No.

6 Q. So, the only treatment you provide is to the SDP's  
7 in the SDP program?

8 A. Yes.

9 Q. Now, I mentioned other duties and responsibilities  
10 at Big Muddy. What other duties and responsibilities do  
11 you have at Big Muddy?

12 A. Currently, I am one of two co-compliance managers  
13 for PREA, the Prison Rape Elimination Act.

14 Q. Anything else?

15 A. Not that I can think of, no.

16 Q. So apart from being a, a co-PREA compliance  
17 manager --

18 A. Yes.

19 Q. -- is that correct? Apart from being a co-PREA  
20 compliance manager, you are also a provider in the SDP  
21 program?

22 A. Yes.

23 Q. How many sexually dangerous persons are at Big  
24 Muddy River Correctional Center?

25 A. Currently, there is 170.

1 Q. And to your knowledge, are there any other SDP's  
2 civilly committed in the state of Illinois apart from  
3 those at Big Muddy?

4 A. I believe there is one, maybe two female SDP's  
5 housed at the female facility.

6 Q. Okay. Out of the 170 SDP's at Big Muddy, how many  
7 are currently receiving treatment?

8 A. By statute, they're all considered in treatment.  
9 There is currently 109 that are choosing to participate in  
10 treatment groups at this time.

11 Q. Now, that would mean there are 61 SDP's that are  
12 considered treatment by statute but not electing to  
13 receive therapy?

14 A. Yes.

15 Q. How are, how are your patients arranged? Is there  
16 -- are you assigned a certain number of patients at Big  
17 Muddy or certain patients at Big Muddy?

18 A. I have -- I am assigned, I guess, as the primary  
19 facilitator for several of the SDP's within the program.

20 Q. Okay. Do you know how many SDP's you are the  
21 primary therapist for?

22 A. I have a number of therapy groups, core treatment  
23 groups, so anybody that's in my therapy groups would be  
24 considered my primary clients. And I would say there's  
25 between probably 60 to 70. And then I also complete the

1 semi annual treatment plans and semi annual evaluations  
2 for the 60-some SDP's that choose not to participate in  
3 the program.

4 Q. Okay. I see the confusion with my question. So,  
5 there are 60 to 70 SDP's who are electing to receive  
6 treatment that you are the primary therapist for?

7 A. Yes.

8 Q. How many -- I believe you mentioned that some are  
9 in your core groups.

10 A. Yes.

11 Q. How many core groups do you have?

12 A. Seven, currently.

13 Q. And what is the size of these core groups?

14 A. Between 8 to 10.

15 Q. Do you currently have any core groups that exceed  
16 10 people?

17 A. No.

18 Q. We've already heard testimony about some core  
19 groups, but how long does a core group session take?

20 A. They generally last an hour. Sometimes, depending  
21 on the conversation, they can run over. But generally, an  
22 hour.

23 Q. And that's one time a week for core groups?

24 A. Yes.

25 Q. And it's my understanding that there are other

1 groups that take place at Big Muddy as part of the SDP  
2 program; is that correct?

3 A. Yes.

4 Q. What other groups take place at Big Muddy?

5 A. Within the SDP treatment program there is an REBT  
6 program, Rational Emotive Behavior group that's offered.  
7 There is an Anger Management group that's offered. There  
8 are two Cycle specific groups that are offered, and then  
9 also a Relapse Prevention specific group.

10 Q. Between REBT, Anger Management, the two Cycle  
11 groups and the Relapse Prevention groups, do you oversee  
12 any of those?

13 A. Yes.

14 Q. How many of those do you oversee?

15 A. I facilitate one REBT group, both of the Cycle  
16 groups, and the Relapse Prevention group.

17 Q. And what's the approximate group sizes for these  
18 other groups?

19 A. The REBT group, it's what we call a didactic  
20 group, it's more of a teaching group, and those typically  
21 start with a slightly larger population. We generally  
22 start those around 13 or 14 because within the first two  
23 or three weeks of starting that, several people because of  
24 conflicts or because of their choice not to attend, will  
25 be removed from the group. So, by the time that module is

1 completed, we often only end with four or five people in  
2 that group. So, we start those a little bit larger. But  
3 my Cycle groups and RP group have no more than 10.

4 Q. And RP is Relapse Prevention?

5 A. Yes.

6 Q. You used the term "didactic" group. Can you tell  
7 us what that means?

8 A. The didactic groups like REBT and Anger Management  
9 are more educational groups, so those are structured in  
10 generally about 24 week sessions. In each session, there  
11 is more or less a lesson that's presented. So, there is a  
12 technique or a tool specific to the topic of the group  
13 that's presented, and the SDP's are taught each week how  
14 to build toward that, that intervention or that skill that  
15 then they can take back and use in their core group or  
16 their therapy group.

17 Q. Are these didactic groups considered optional  
18 groups?

19 A. Yes. The SDP's have the option to sign into the  
20 group before we start each new module. A posting is  
21 posted on each of the wings where they can sign into it,  
22 if they electively choose to participate. And then the  
23 primary therapist or us collectively as a treatment staff  
24 can suggest a particular person for the group, recognizing  
25 a benefit that they might receive from participating in



1 it.

2 Q. So, an SDP who wanted to participate in one of  
3 these didactic groups might end up signing up for it and  
4 be allowed in the group, other times they might sign up  
5 through their primary therapist?

6 A. Yes.

7 Q. The didactic groups, do they also meet one hour  
8 once a week?

9 A. Yes.

10 Q. Are there ever occasions where groups are  
11 cancelled?

12 A. Yes.

13 Q. And that's for core groups as well as the didactic  
14 group?

15 A. Yes.

16 Q. How often on average are, is a core group  
17 cancelled?

18 A. I typically -- I will try to reschedule groups  
19 when I can. Today, I rescheduled my group since I was in  
20 court.

21 THE COURT: I think the question was cancelled,  
22 though.

23 THE WITNESS: Yes.

24 A. There are times where they might be cancelled due  
25 to a state holiday, a court appearance. There are also

1 security needs, if there is maintenance being done on the  
2 wing or a security issue where the SDP's are placed on  
3 lockdown, then we are unable to have groups during those  
4 times.

5 Q. (BY MR. TYRRELL) And I believe you already  
6 answered, when a group is cancelled, do you try to  
7 reschedule?

8 A. I primarily try to reschedule -- I try to  
9 reschedule all the groups and, unfortunately, time doesn't  
10 always permit that. So, I focus specifically on the core  
11 groups and try to reschedule those before I give  
12 consideration to rescheduling one of the additional  
13 groups.

14 Q. what therapy is covered by the core groups?

15 A. within the core therapy group, basically  
16 everything is on the table to be discussed. So, the SDP's  
17 can discuss issues within their family, grief, loss,  
18 death, dying. They can discuss problems on the wing,  
19 issues with their cellie, issues with security officers.

20 Sex offender specific issues we discuss might be  
21 offense disclosure, acceptance of responsibility,  
22 identifying cognitive distortions, beginning the cognitive  
23 restructuring process.

24 we will talk about victim empathy and intervention  
25 skills, both internal and external.

1           So, within the core group basically everything is  
2     open for discussion.

3     Q.       When you say "everything is open for discussion"  
4     in a core group, is it that when you lead a core group,  
5     it's free reign and everyone talks about whatever they  
6     feel like? Or is it more of a structured, there's a plan  
7     for that core group?

8     A.       In the core groups that I facilitate, there is  
9     generally a plan for the group. They might be working on  
10    treatment concepts and treatment terms and then how that  
11    relates to their own life history, or they might be  
12    presenting a life history and then trying to pull out  
13    determining factors or cognitive distortions or those  
14    kinds of things.

15           But at the beginning of every single group, the  
16    participants are asked if they have anything they'd like  
17    to present, anything they have been working on that they  
18    would like feedback on, either from myself or the other  
19    group members. So, time is allotted for both of those  
20    things to occur.

21    Q.       Do you have any role in the structuring of the  
22    actual groups? So, what I mean by that is, which SDP's  
23    will be in which group?

24    A.       Yes.

25    Q.       How are these groups structured?

1 A. Within the SDP treatment program, we, as staff,  
2 will attempt to structure groups based on the clients'  
3 progress and treatment, based on maybe particular skills  
4 or deficits in skills. Their cognitive processing is also  
5 assessed. If there is SDP's with certain intellectual  
6 disabilities or physical disabilities, those are taken  
7 into consideration when we set up the group structure.

8 Q. Is there any individual therapy within the SDP  
9 program?

10 A. No.

11 Q. Does that mean that the SDP's do not receive  
12 individualized treatment?

13 A. No.

14 Q. How does an SDP receive individualized treatment  
15 if there's no individual therapy?

16 MR. STOBBS: Judge, I'm going to object. I think  
17 this is starting to get into expert testimony under 701.

18 THE COURT: Individualized is not an opinion.  
19 I'll overrule that.

20 A. Every SDP, whether they choose to participate in  
21 treatment groups or not, is assessed every six months in  
22 regards to treatment progress, treatment need. And then  
23 also, they are given an individualized treatment plan  
24 identifying two to three goals generally to work on over  
25 that six-month period of time that is specifically geared

1 toward their current presenting needs.

2 Q. (BY MR. TYRRELL) So, you said there was an  
3 individual --

4 THE COURT: Wait. I thought your question was  
5 treatment, how do they get individualized treatment.

6 MR. TYRRELL: Correct. I believe Miss Stover was  
7 answering that question by saying there's individual  
8 treatment plans with goals for each individual to work on.

9 A. Yes.

10 Q. (BY MR. TYRRELL) And are the SDP's made aware of  
11 the goals they are supposed to be working on?

12 A. Yes. Those are presented to them every six  
13 months. Before the treatment plans are updated, each SDP  
14 currently participating in treatment groups is asked if  
15 they have any input or suggestions or questions about  
16 their treatment goals. Any input they have is  
17 incorporated into their treatment plan, generally.

18 THE COURT: Okay. I just want -- I'm sorry. I'm  
19 confused and -- I'm sorry, Jeremy, to stop you.

20 MR. TYRRELL: You're fine.

21 THE COURT: But since I have to be the fact finder  
22 here, I want to be sure I understand.

23 You asked -- Miss Stover, the question was whether  
24 the participants receive individualized treatment. And I  
25 think you said that they, they all get a individualized --

1 so I take that to mean a separate treatment plan.

2 THE WITNESS: Yes.

3 THE COURT: But do they get individualized  
4 treatment on -- according to that plan? So, they don't --  
5 they may have an individualized treatment plan. I  
6 understand that. But I want to make sure I understand  
7 whether or not they ever get individualized treatment.

8 THE WITNESS: We do not do one-on-one sessions or  
9 individualized therapy, but each SDP's treatment is geared  
10 toward their particular treatment needs.

11 THE COURT: This is a question of your definition  
12 of individualized, that's why I wanted to clarify.

13 MR. TYRRELL: Thank you, Your Honor. I appreciate  
14 that.

15 Q. (BY MR. TYRRELL) Since therapy is provided in  
16 group settings, how in a group setting do you meet an  
17 individualized treatment plan's needs -- or an  
18 individual's treatment needs?

19 A. Right. Like I already stated, each individual in  
20 group is given the opportunity to speak at each group  
21 setting, if they choose. There is continual homework that  
22 is recommended for a group participant to work on in  
23 between the group sessions. At different times, even in a  
24 group or not, 8 or 9 or 10 different participants in a  
25 group might be working on their particular goals or their

1 particular treatment need, and then bringing that to group  
2 to present for, for feedback.

3 Q. In terms of individual treatment goals and plans,  
4 I imagine there's probably some overlap between each of  
5 the SDP's; is that accurate?

6 A. Yes.

7 Q. And so even though -- I'm assuming there's various  
8 diagnoses that might lead to somebody being civilly  
9 committed?

10 A. Yes.

11 Q. And I'm sure there's a wide range of these in the  
12 SDP program?

13 A. Yes.

14 Q. But some, some of these goals, are they overlap  
15 depending on the diagnosis?

16 A. Yes. There are commonalities within sex offender  
17 treatment, even with differing primary diagnoses. An  
18 example of that would be cognitive distortions. Whether  
19 the individual is diagnosed with pedophilia, paraphelia,  
20 sexual sadism, one of the things in treatment program we  
21 would look at is the cognitive distortions or the, the  
22 messed up thinking, or the thought distortions that would  
23 lead them to engage in those kinds of criminal behaviors.

24 Q. And cognitive distortions are something that's  
25 addressed in group therapy?

1 A. Yes.

2 Q. You mentioned the semi annual evaluations. Who,  
3 who does these evaluations?

4 A. Each primary therapist is the primary author of  
5 the semi annual evaluation for their -- the particular SDP  
6 that's assigned to their group; however, as a treatment  
7 group, we all, staff, each of the -- the semi annuals  
8 together. If a client that is assigned as my primary  
9 client was in another therapist's group during that period  
10 of time, I'm going to speak with that therapist about  
11 their progress in that group.

12 Q. And are the semi annual evaluations given to the  
13 SDP's?

14 A. Yes.

15 Q. And they're discussed with them?

16 A. Yes.

17 Q. You have been present yesterday and today for most  
18 of the trial, excluding breaks; correct?

19 A. Yes.

20 Q. Have you heard the term Intensive Therapy being  
21 used?

22 A. Yes.

23 Q. What is Intensive Therapy?

24 MR. STOBBS: Judge, I'm going to object. This is  
25 an expert opinion based on specialized knowledge.



1 MR. TYRRELL: I'm asking -- I can rephrase the  
2 question. I meant Intensive Therapy in the use in the SDP  
3 program in particular at Big Muddy.

4 MR. STOBBS: It's still based on special  
5 knowledge, Judge.

6 THE COURT: Overruled.

7 You can answer.

8 THE WITNESS: Thank you.

9 A. Intensive Therapy is the title of, I guess, a, a  
10 program or an intervention that we have brought into the  
11 SDP treatment program. If an individual is displaying  
12 significant and reoccurring maladaptive behaviors, they  
13 can be placed on what we kind of entitled Intensive  
14 Therapy, which during a allotted period of time they are  
15 maintained in their cell. Generally, the maladaptive  
16 behaviors that they are displaying is creating some kind  
17 of disturbance within the wing, within the treatment  
18 program, or within the facility. However, they are given  
19 additional levels of treatment during the time that they  
20 are placed on Intensive Therapy.

21 So, every time that one of the SDP treatment staff  
22 is on the wing, if we were running groups, that individual  
23 that's placed on Intensive Therapy is being offered time  
24 to come out of the cell, they are asked to sit at a table  
25 where they are given very specific treatment focused work

1 from the SDP treatment staff to work on.

2 THE COURT: Before you -- Mr. Stobbs, who is going  
3 to cross-examine this --

4 MR. STOBBS: I am.

5 THE COURT: Okay. I'm sorry. Go ahead.

6 MR. TYRRELL: Thank you.

7 Q. (BY MR. TYRRELL) Miss Stover, are notes or  
8 progress notes recorded as part of these group sessions  
9 at --

10 A. Yes.

11 Q. -- in the SDP program?

12 A. Yes.

13 Q. Thank you. And they're maintained by the SDP  
14 program staff?

15 A. Yes.

16 Q. Okay. Are you currently the primary therapist or  
17 have you been the primary therapist for any of the four  
18 plaintiffs in this case?

19 A. Yes.

20 Q. who have you been the primary therapist for?

21 A. I am currently the primary therapist for Mr. Howe,  
22 for Mr. Needs, and for Mr. Charles. And I believe there  
23 was a very brief period of time where I might have been  
24 the primary therapist for Mr. Kallal, in between one  
25 therapist leaving and another therapist being hired within

1 the program.

2 Q. In preparation for your testimony here in court,  
3 have you reviewed the progress notes and treatment plans  
4 and different records for the four plaintiffs in this  
5 case?

6 A. Yes.

7 Q. Have any of the four plaintiffs in this case been  
8 on Intensive Therapy?

9 A. No.

10 Q. If an individual in the SDP program has a problem  
11 with their therapy, whether it's their therapy plan or  
12 their therapist or anything at all, is there a means of  
13 addressing that?

14 A. Yes.

15 Q. How can an SDP address a problem with their  
16 therapy?

17 A. They are welcome to discuss it and do discuss it  
18 in the treatment groups on a weekly basis. They can sign  
19 up for and be seen at the weekly staffing, which is held  
20 on the wing primarily with Dr. Holt and Heather Young at  
21 this time. They can send an Offender Request through the  
22 mail and we can respond that way, as well.

23 Q. There's multiple different methods of contacting  
24 you if there's a problem?

25 A. Yes. And I'm on the wing five days a week.

1 Q. And just to clarify, I believe you testified just  
2 now that you are the primary therapist for Mr. Howe. Mr.  
3 Howe is currently receiving therapy from Dr. Holt, though;  
4 is that correct?

5 A. Yes, because of his placement in segregation.

6 Q. But is it anticipated that, when Mr. Howe is  
7 released from segregation, he'll return to your caseload,  
8 for lack of a better word?

9 A. Yes.

10 Q. It's my understanding that every SDP that is  
11 civilly committed at Big Muddy has been civilly committed  
12 because of some sort of diagnosis. Is that your  
13 understanding?

14 A. Yes.

15 Q. What role, if any, do these diagnoses play in the  
16 treatment that the SDP is given at Big Muddy?

17 MR. STOBBS: Judge, again I'm going to object  
18 because this is the -- it's based on specialized  
19 knowledge. She's looking at these documents.

20 THE COURT: He's asking her a factual question.  
21 He's asked her, *how do the diagnoses relate to the*  
22 *treatment that they give.* I mean, she implements this.  
23 This is not an opinion. Overruled.

24 You are not asking a theoretical question, you're  
25 asking her --

1 MR. TYRRELL: I'm asking her specifically.

2 THE COURT: You're asking her, in the program what  
3 role do diagnoses play in the development of their  
4 treatment plans.

5 MR. TYRRELL: Yes, that's precisely my question,  
6 Your Honor.

7 A. Within the, the varying diagnoses that are present  
8 within our program, there are commonalities between them.  
9 Like I spoke earlier, there's common cognitive distortions  
10 that support sexual offending behaviors which can be the  
11 very same distortions that support rape versus child  
12 molestation. So, there's a lot of crossover. We also use  
13 the diagnosis in assisting the client in understanding  
14 their diagnosis, as well. So it, it does occur in group  
15 where we can discuss the diagnosis with the client,  
16 helping them understand the different features, and then  
17 how that might present in their life.

18 One of the things that we do primarily in the core  
19 group is to assist the offender in going back in their  
20 history and, and looking at where this diagnosis, where  
21 this, this deviancy started at. And in understanding  
22 their past, we can help them choose to restructure some of  
23 their belief systems. We can help them identify places to  
24 put in interventions for the future so that they can  
25 maintain a victim-free life.

1 Q. (BY MR. TYRRELL) In developing an individualized  
2 treatment plan at Big Muddy in the SDP program, is the  
3 diagnosis the most important consideration?

4 A. Not -- no, not for the treatment plan.

5 Q. It's just a consideration in terms of the  
6 treatment plan and the treatment an SDP receives?

7 A. With the treatment plan, we are specifically  
8 looking at the needs based on the individual, dynamic risk  
9 factors that they might present with, and targeting the  
10 treatment goals specific to their dynamic risk factors.

11 Q. Okay. There's been some talk about these SDP  
12 program tickets. What is a program ticket?

13 A. A program ticket is simply a documentation of  
14 noncompliance with the SDP program rules.

15 THE COURT: It's not simple. It results in  
16 discipline, doesn't it?

17 THE WITNESS: The SDP tickets do not result in  
18 discipline.

19 Q. (BY MR. TYRRELL) So, that was kind of getting  
20 ahead to my next couple questions.

21 THE COURT: That's good to hear.

22 Q. (BY MR. TYRRELL) What can an SDP program  
23 participant receive an SDP program ticket for? Some  
24 examples.

25 A. Like I stated already, they can attend -- or they

1 can receive program tickets for failing to attend an  
2 assigned group. They can receive a program ticket for  
3 using profanity. Not in the accidental slip-up of  
4 profanity, but the continued progression of using  
5 profanity in their language, whether inside of the  
6 treatment group or on the wing. They can receive program  
7 tickets for disruptive behavior that disrupts the  
8 treatment or the programming that's occurring on the wing.  
9 They can receive program tickets for stealing; blues and  
10 shoes -- the policy regarding the dress code --  
11 violations. Having pictures that have been determined to  
12 be sexually stimulating or inappropriate in one way or  
13 another could all result in a program ticket.

14 Q. And I apologize, I missed it or she didn't say it,  
15 but can you also get an SDP program ticket for showing up  
16 late to group?

17 A. You could, yes.

18 Q. In terms of your -- you have issued SDP program  
19 tickets before; correct?

20 A. Yes.

21 Q. And have you issued SDP program tickets for  
22 someone being late to group?

23 A. Yes.

24 Q. Do you have a number for how late someone can be  
25 before you issue a ticket?

1 A. When the group first begins to sit down, there's  
2 usually a little bit of chitchat at the beginning of  
3 group. If it's within the first couple of minutes of  
4 group, the individual is, is permitted to sit down and no  
5 program ticket would be issued.

6 If, in the cases where I know that it's been  
7 issued or I have issued it, it's usually the participant  
8 attending 10, 15, 20 minutes late, and that's when  
9 they're, they're not permitted to sit in the group and  
10 then they're issued a ticket.

11 Q. So, in your practice you are not one for issuing  
12 tickets for someone who is just a minute late?

13 A. No.

14 Q. And I believe, in response to one of the judge's  
15 questions just a minute ago, you said SDP program tickets  
16 do not result in discipline. What do you mean by that?

17 A. The SDP program tickets are, are a record of  
18 noncompliance. They are more of a warning, I guess, for  
19 the SDP. It's, it's an identification that they violated  
20 a rule.

21 One of the things that we focus in the treatment  
22 program is being aware. Being aware of your surroundings,  
23 being aware of what you are doing, recognizing when you  
24 are moving into certain situations, which is one of the,  
25 the overall goals in the treatment program is being able



1 to then intervene in those situations.

2 So, by having the program tickets in the program,  
3 it's a warning. It's kind of a check to the SDP that they  
4 have violated a rule. Very often, the SDP will say, "I  
5 didn't even realize that I had done that," "I didn't  
6 realize I had overslept," so it's a way to help them to  
7 continue to learn responsibility and just being aware of  
8 things.

9 If, within a three-month period of time, so a  
10 90-day period of time, if the SDP receives three program  
11 tickets, so three different times they have been informed  
12 that they have, they have violated one of the program  
13 rules, they are placed on probation. And probation is  
14 just another level of, *you need to be aware of what's*  
15 *going on. This isn't a one-time slipup, this is a*  
16 *multiple thing.* And so they are given a piece of paper  
17 that shows during this period they received three tickets  
18 and what the tickets were for, and also the period of time  
19 that they are placed on probation, which is usually --

20 THE COURT: What does probation mean?

21 THE WITNESS: Probation is, is --

22 THE COURT: I mean, what happens when they're on  
23 probation?

24 THE WITNESS: Really nothing. I relate it to,  
25 say, court supervision if you get a speeding ticket.

1 Probation is a 30-day period of time where nothing changes  
2 for the SDP. They still come to treatment. Really,  
3 nothing changes. However, and in just like court  
4 supervision with a speeding ticket, if you are successful  
5 during that period of time, the ticket goes away. If they  
6 are successful during the period of probation, nothing  
7 further occurs. It's simply just an acknowledgment of a  
8 violation of rules and a continued pattern of a violation  
9 of rules.

10 If, during that 30-day period of time, if they  
11 violate another SDP treatment rule, they're issued another  
12 program ticket and then that places them on suspension.  
13 So, this is potentially during a four-month period of time  
14 they have continued to violate program rules. So, this  
15 time it's really acknowledgment of noncompliance with the  
16 treatment program and they are placed on suspension and  
17 that's when they are removed from the treatment groups for  
18 a 30-day period of time. And after that 30-day period of  
19 time is over, they are placed back in the groups that they  
20 were in before.

21 THE COURT: Can somebody get a program ticket,  
22 four or five program tickets in a four-month period for  
23 not tucking in their shirts, and end up suspended?

24 THE WITNESS: They --

25 THE COURT: So the first -- they come in three

1 days untucked -- right?

2 THE WITNESS: Yes.

3 THE COURT: They get a program ticket. They come  
4 in the fourth group, now they get probation.

5 THE WITNESS: (Nonverbal response.)

6 THE COURT: They come in the next group, same  
7 behavior, same noncompliance, and now they get suspended?

8 THE WITNESS: They could. But I am not aware of a  
9 time where that's happened. The majority --

10 THE COURT: But they could?

11 THE WITNESS: Yes.

12 THE COURT: There's nothing to stop that from  
13 happening.

14 THE WITNESS: Yes.

15 THE COURT: In other words, there's no distinction  
16 between the noncompliant behavior, whether it's treatment  
17 related or whether it's untucked shirt.

18 THE WITNESS: I would say that a pattern of having  
19 your shirt untucked like you just described would be an  
20 indication of, of treatment.

21 Q. (BY MR. TYRRELL) You mentioned just in response  
22 to Judge Yandle's question that you are not familiar of a  
23 time when there's been, you know, four or five tickets in  
24 a four-month period of specifically untucking a shirt that  
25 resulted in suspension.

1 A. Correct.

2 Q. Is there some discretion in who receives a  
3 suspension?

4 A. Um --

5 Q. Or is it more the case that you have just never  
6 encountered that before?

7 A. Yeah, I have never encountered that. Typically,  
8 if someone is placed on suspension, it is nonattendance of  
9 groups, is, is what I have seen more prevalent.  
10 Historically, in the program, there was discretion over  
11 whether somebody was on suspension or not suspension. And  
12 this is early in my time at Big Muddy. So, now it is more  
13 streamlined. So, not only as staff do we know what the  
14 expectations are, but the SDP participants know what the  
15 expectations are, as well.

16 So, each program ticket that's issued, that ticket  
17 is brought to them. They have an opportunity to check  
18 guilty, not guilty, write any comments. If they reach the  
19 three in the 90-day period of time, they are given a sheet  
20 that shows probation. If they get the next ticket, they  
21 are given the sheet that shows the suspension. So, it's  
22 that we all know what the expectation is. And the SDP  
23 knows what the expectation is, as they are approaching  
24 that period of time where they might be placed on  
25 suspension. So, we try to keep it, three tickets, 30

1 days, one ticket, suspension.

2 Q. Are the SDP expectations and this SDP program  
3 ticket process memorialized somewhere?

4 A. Yes.

5 Q. Where is it?

6 A. It is in the SOP program manual that each SDP has  
7 been provided a copy of.

8 Q. Are updates made regularly to this manual?

9 A. When -- on occasion. And when updates are made,  
10 either an updated manual is passed out and then the SDP  
11 signs in receipt of that, or if it's a, a small change and  
12 we don't want to print the entire manual again, it will be  
13 posted on both of the wings behind Plexiglas where it --  
14 all of the SDP's have opportunity to see it.

15 Q. When someone's on suspension, are they prohibited  
16 from leaving their cell?

17 A. No.

18 Q. So, they're still free to leave the cell during  
19 the staffing time when groups are taking place?

20 A. Yes. They still have the opportunity for open  
21 dayroom Monday through Friday, 8:00 to 2:30.

22 Q. As part of open dayroom, do they have access to  
23 any sort of therapy materials even when they're on a  
24 suspension?

25 A. Yes. Somebody on suspension can still request

1 treatment-specific books, self-help books, workbooks from  
2 the SOP library.

3 Q. And the SOP library is made available to the  
4 SDP's?

5 A. Yes.

6 Q. Do you also give -- do you give homework  
7 assignments as part of your core group?

8 A. I do.

9 Q. And does the homework assignments include  
10 discussing behaviors and certain things with other SDP  
11 members?

12 A. Yes.

13 Q. Outside of class even -- or outside of the group  
14 session?

15 A. Yes.

16 Q. And are SDP's expected to be discussing their  
17 treatment during this 8:00 to 2:30 period where they are  
18 allowed to leave their cells?

19 A. Yes, that -- they are given opportunity for that  
20 during that time, yes.

21 Q. I apologize again if you already mentioned this  
22 for the SDP program ticket, but can an SDP also receive an  
23 SDP program ticket for arguing with staff?

24 A. Yes.

25 Q. What in your experience is a situation where you

1 would issue an SDP ticket for someone arguing with staff?

2 A. It's, it's a commonplace in group where the SDP  
3 participants and the staff might disagree, or SDP  
4 participants might disagree with each other, and that's  
5 all part of the treatment process. And in assisting the,  
6 the SDP in identifying their cognitive distortions and  
7 restructuring, thinking errors, a program ticket would  
8 only be issued when it goes beyond that level. When there  
9 is derogatory language being used. When there is elevated  
10 voice tones, even after the participant has been  
11 encouraged to maybe quiet down or watch their language.  
12 There are some derogatory statements or insolent  
13 statements that could be made toward the group facilitator  
14 that would reach that level of a program ticket being  
15 issued for argumentative behaviors.

16 Q. So, it's not a minor "I'm upset about  
17 something," it's a repeated bad behavior of "I'm very  
18 loud, I'm not participating," somewhere along those lines?

19 A. Yes. Yes.

20 MR. TYRRELL: I believe, Miss Stover, that's all  
21 the questions I have at this time.

22 THE WITNESS: Thank you.

23 CROSS-EXAMINATION

24 BY MR. STOBBS:

25 Q. would you say you are a rules-oriented person?

1 A. I believe there is importance in following rules.  
2 I don't know if I'd necessarily say I'm rule-oriented, but  
3 I believe rules are important.

4 Q. And are you a rules-oriented person?

5 MR. TYRRELL: Your Honor, I'll object for  
6 relevance.

7 THE COURT: Overruled.

8 A. Can you explain what you mean by oriented?

9 Q. (BY MR. STOBBS) Are you someone that believes  
10 that rules should be followed?

11 A. Yes.

12 Q. And at Big Muddy, there are rules that are set out  
13 in the manual that's given to the SDP's when they arrive;  
14 right?

15 A. Yes.

16 Q. And you expect those rules to be followed; right?

17 A. The Inmate Orientation Manual or the SOP program  
18 manual?

19 Q. Either.

20 A. Yes.

21 Q. And you have the determination objectively to  
22 issue a ticket for -- any of those rules are violated;  
23 right?

24 A. As a staff member in the SDP program, I have the  
25 ability to issue SDP program tickets. And as an employee



1 of IDOC, I have the ability --

2 THE COURT: Ma'am, that was a yes or no --

3 THE WITNESS: I'm sorry.

4 THE COURT: -- answer.

5 THE WITNESS: Yes.

6 THE COURT: And if you are given a direct  
7 question, I expect that you answer directly.

8 THE WITNESS: Yes, ma'am.

9 Q. (BY MR. STOBBS) And you can issue a ticket if any  
10 of these rules are violated; right?

11 A. Yes.

12 Q. And that is objective in your opinion, isn't it?

13 A. By IDOC and SDP standards.

14 Q. well, suppose some guy has his shirt that is kinda  
15 tucked in, but not really tucked in. You can give him a  
16 ticket for that; right?

17 A. I could, yes.

18 Q. And at the same time, if you are in a really good  
19 mood, you might not give a ticket; right?

20 A. In the example that you just displayed, I would  
21 not write a program ticket for that.

22 Q. Have there ever been times that you have seen a  
23 rule violation that you did not issue a ticket?

24 A. Yes.

25 Q. And there could be someone where, a guy is going

1 to the shower and he forgets his soap, and he could get a  
2 ticket for that; right?

3 A. Yes.

4 Q. And where they reside, it's not like a studio  
5 apartment, is it?

6 A. No.

7 Q. It's a jail cell; right?

8 A. Yes.

9 Q. And there -- they have a TV in there; right?

10 A. If they have purchased a TV, yes.

11 Q. Sure. And if they want to take advantage of the  
12 mp3 player, they can take advantage of that, too; right?

13 A. Yes, they can purchase one.

14 Q. They can also have a hot plate in there; right?

15 A. Yes.

16 Q. But it's still a jail cell.

17 A. Yes.

18 Q. And you talked a little bit about the, the group  
19 -- the core groups are -- I think you said now they're  
20 like -- if I got the numbers wrong, I apologize -- they're  
21 around 10 people; is that right?

22 A. Typically 8 to 10.

23 Q. And that's now; correct?

24 A. Yes.

25 Q. Have they ever been more than 8 to 10?

1 A. Yes.

2 Q. And all of the stuff that you are talking about,  
3 it's still one hour a week, isn't it?

4 A. Each group is run for one hour.

5 Q. A week?

6 A. Yes.

7 MR. STOBBS: No other questions, Judge.

8 MR. TYRRELL: A brief followup, Your Honor.

9 REDIRECT EXAMINATION

10 BY MR. TYRRELL:

11 Q. Miss Stover, plaintiff's counsel mentioned an  
12 incident involving forgetting soap and going to the  
13 shower. Have you issued a ticket for that?

14 A. The violation is not forgetting your soap. With  
15 the blues and shoes policy, the dress code policy within  
16 the SDP program, there is consideration written into the  
17 policy that -- the showers are on the wing. So, if an  
18 individual is coming straight back from yard or from work,  
19 where they might be hot and sweaty, we do not expect them  
20 to put blues on, to then go and wait in front of the  
21 shower. So, they are permitted to go stand by the shower  
22 area and wait their turn.

23 One of the expectations in that is that they stay  
24 by the shower area. They are not permitted to be sitting  
25 at the tables or walking around the wing or socializing

1 because that would be a violation of the dress code  
2 policy. They would be then walking around the wing in  
3 shorts or tank tops or T-shirts or things like that. So,  
4 they are expected to take the things they need with them  
5 to the shower area so they're not walking back and forth  
6 to their cell.

7 If they are walking back and forth to their cell  
8 or socializing on the wing while they have something other  
9 than their blues and shoes on, then that's when they would  
10 be issued a program ticket.

11 Q. Is it fair to say that following the rules is an  
12 important part of the treatment process at Big Muddy River  
13 Correctional Center?

14 A. Yes.

15 Q. And learning about following expectations is an  
16 important part of the treatment process in place in the  
17 SDP program at Big Muddy River?

18 A. Yes.

19 Q. And counsel asked you a question about group size  
20 exceeding 10, and I believe you said that occurred in the  
21 past.

22 A. Yes.

23 Q. when, when are we talking about where there was  
24 more than 10?

25 A. Steadily, over the years since I started in 2010,

1 we have been reducing the number of participants in each  
2 group, and then adding additional therapy groups to  
3 accommodate that. I think in 2016, 2017, there might have  
4 been 12 to 14 on occasion, and we have it down now to  
5 where every group is run with 10 or under.

6 Q. And do you have any expectation that will change?

7 A. Not, not in regards to the groups getting bigger,  
8 but continuing to be able to offer more groups and  
9 potentially smaller groups as the need occurs.

10 MR. TYRRELL: Thank you.

11 MR. STOBBS: No questions, Judge.

12 THE COURT: I have a couple.

13 EXAMINATION

14 BY THE COURT:

15 Q. Miss Stover, since 2013, you mentioned I think  
16 2016 and '17, but from 2013 up to today, have there been  
17 periods of time where the core treatment group exceeded 10  
18 to 12 --

19 A. Yes.

20 Q. -- individuals? How do you measure treatment  
21 progress? In other words, I take it, I assume, the  
22 progress of the SDP participants in treatment is something  
23 that's important to you?

24 A. Yes.

25 Q. And how do you measure an individual's progress in

1 treatment? How is that measured?

2 A. Every six months, a semi annual evaluation is  
3 completed on every SDP. The ones that are choosing not to  
4 participate, they're not scored because we don't have a  
5 good account, an ability to score them, so that is  
6 identified at the top. There's a blurb about that.

7 But every SDP that is participating in the  
8 treatment group, I think there are 18 different sections,  
9 and then each of those sections have subsections, but  
10 there are areas specific to sex offender treatment,  
11 dynamic risk factors that are assessed. And those would  
12 include: sexual offense disclosure; acceptance of  
13 responsibility; identifying cognitive distortions and  
14 restructuring those; criminal behaviors; life-style  
15 impulsivity; problem solving; ability to understand and  
16 use REBT skills; Anger Management; ability to identify and  
17 understand their cycle process, their offending pattern;  
18 and then, also, to identify while they are currently  
19 displaying indicators of their offending pattern, as well.  
20 So, those are all considered on a six month basis.

21 Q. And you, as a therapist, you prepare the  
22 evaluations for the members of your groups; correct?

23 A. Yes.

24 Q. And is the information in the evaluation based  
25 solely on your interaction with them during group?

1 A. It is based on the group case note, so their group  
2 progress and participation. It's also based on  
3 observation while they are on the wing in the housing  
4 unit.

5 Q. Your observation?

6 A. Yes.

7 Q. Anybody else's observation? Anybody else's  
8 feedback?

9 A. We, as an SDP treatment staff, will, will discuss  
10 them, as well.

11 Q. Do you discuss all of them or is it, does it  
12 depend on -- I mean, is it -- in other words, do you  
13 discuss with the other staff members all of the evaluation  
14 during the preparation, or does it just depend? (Pause.)  
15 Do you understand what I'm saying?

16 A. Yes.

17 Q. Do you get feedback on each person's evaluation or  
18 just some?

19 A. Not in the formal sense that we sit and go through  
20 170, and each of us discuss it. But the SDP treatment  
21 staff, we share an office, so there's ongoing dialogue  
22 throughout the entire period of time where we are  
23 completing the semi annual evaluations.

24 Q. And I think you said you may have like 60 to 70  
25 SDP participants for which you are the primary therapist;

1 correct?

2 A. Yes.

3 Q. When you do your evaluation every six months, do  
4 you sit down with each one of, of the individuals in your  
5 groups and go through their evaluations with them?

6 A. Not on -- not in a one-on-one setting, not on an  
7 individual setting.

8 Q. Do you ever go through the evaluation with the  
9 individual participants on a one-on-one setting?

10 A. Not one-on-one. That's done in the group setting.

11 Q. So, so -- and is that only done if they come to  
12 you and say, "I want to discuss my evaluation"?

13 A. In the group setting, I will pass out their semi  
14 annuals. They sign in receipt of those, but then they  
15 keep the semi annuals. And then in that, that group  
16 setting and in any subsequent groups after that, they are  
17 absolutely able to ask any questions or discuss anything  
18 about their semi annuals.

19 Q. They can?

20 A. Yes.

21 Q. So, in other words, the only way you discuss with  
22 them what's on their evaluation is if they bring it up to  
23 you?

24 A. Yes.

25 Q. And from the information that I have been



1 listening to for the last two days, it's my understanding  
2 there are like four phases to you all's program?

3 A. Yes.

4 Q. And do you have an expectation that the  
5 participants will progress through the four phases? I  
6 mean, is that your -- is that a goal of your, of the  
7 program? Is that an expectation?

8 A. In regards to a goal, yes, that would be a goal.  
9 That would display progress with each of the treatment  
10 targets.

11 Q. And would -- that would reflect that the program  
12 is doing what it's supposed to do; right?

13 A. It would reflect that the individual participant  
14 is accepting the opportunities for treatment that's being  
15 provided for them.

16 Q. So, if the -- if all of the participants accept  
17 the opportunity of the treatment that's being provided to  
18 them, the expectation would be that they each would go  
19 from Phase 1 to Phase 4 at some point?

20 A. That would be my hope for them, yes.

21 Q. How many times has that happened since you have  
22 been at Big Muddy? How many times has somebody gone from  
23 Phase 1 to Phase 4, to your knowledge?

24 A. Since I have been at Big Muddy, I can't give a  
25 specific answer. But I did review --

1 Q. Give me an estimate.

2 A. Yeah, I did review some of the notes that I had  
3 prepared for this hearing. And since 2012, 11 of the  
4 SDP's that have been granted conditional release were in  
5 either Phase 3 or Phase 4 of the program.

6 Q. Since 2012?

7 A. Since 2012.

8 Q. How many, since 2012 -- so, 11 folks in the  
9 program since 2012 --

10 A. That have been released.

11 Q. That have been -- and they have all been on  
12 conditional discharge; right?

13 A. Yes.

14 Q. Okay. Those were Phase 3 and 4's?

15 A. Mm-hmm, yes.

16 Q. How many folks since that, during that time have  
17 been conditionally discharged and they were on other  
18 phases?

19 A. Since 2011, there have been 22 SDP's that have  
20 either been granted discharge or conditional release.

21 Q. Period.

22 A. Period.

23 Q. Twenty-two?

24 A. Yes. So, 11 of those were on 3 to 4, so the other  
25 11 would have been on other phases.

1 Q. So -- you said 2011?

2 A. Since 2011, yes.

3 Q. So, in the last seven years, 22 participants have  
4 been conditionally discharged?

5 A. Conditional release or discharged. We have had  
6 four that's been discharged.

7 Q. And has that been based on program recommend --  
8 how many based on program recommendation and how many have  
9 gone to court and gotten it on their own?

10 A. The SDP treatment program itself, we don't  
11 recommend. We just speak about treatment progress. So,  
12 that would be indicated in the phases. But all but two or  
13 three of those 22 have been recommended by the Wexford  
14 evaluators for conditional release or discharge.

15 Q. And then my last question: When they go for the  
16 recovery petition or when they go back to court, whatever  
17 you call it --

18 A. Yes.

19 Q. -- to seek discharge or conditional discharge,  
20 what involvement do the therapists and your reports have  
21 in that? In other words, do you all prepare -- are you  
22 all requested and/or do you prepare evaluations,  
23 documentations, reports to the courts, for them to review  
24 and to make the assessments?

25 A. We maintain the SDP treatment file.

1 Q. Okay.

2 A. And that's where we keep the semi annuals, the  
3 treatment plans, and then the case notes that we type from  
4 each group. The Wexford evaluators have their own office  
5 associate that comes in --

6 Q. who are they? who are the Wexford evaluators?

7 A. Wexford is the contractual company.

8 Q. I know who they are. who are the Wexford  
9 evaluators and tell me how they interface with the  
10 program.

11 A. Dr. Weldon-Padera and Dr. Kristopher Clouch are  
12 currently assigned through Wexford. They are hired by  
13 Wexford, employed by Wexford, to do the SDP recovery  
14 evaluations. And they have their own office associate --

15 Q. So, they're the ones --

16 A. -- that will gather the files.

17 Q. -- that do the evaluations for recovery petitions?

18 A. Yes.

19 Q. They get their information from you all?

20 A. Their office associate pulls it from our files,  
21 yes.

22 THE COURT: Thank you.

23 MR. TYRRELL: I don't have any additional  
24 followup, Your Honor.

25 THE COURT: Thank you, Miss Stover.

1 THE WITNESS: Thank you.

2 MR. ROCKERSHOUSEN: Your Honor, we would next call  
3 Dr. Holt. But could we take a five-minute break, first?

4 THE COURT: Sure. Why don't we go ahead and take  
5 15 minutes.

6 MR. ROCKERSHOUSEN: Thank you.

7 THE COURT: It will be the last break of the day.

8 (Court recessed from 2:23 p.m. to 2:40 p.m.)

9 (Proceedings continued in open court, parties  
10 present.)

11 THE COURT: You can call your next witness.

12 MR. ROCKERSHOUSEN: Your Honor, the defendants  
13 call Dr. Holt to the stand.

14 THE COURT: Dr. Holt, please step forward and be  
15 sworn.

16 (Witness sworn by clerk.)

17 THE WITNESS: I'm Dr. Thomas Holt, H-O-L-T.

18 DR. C. THOMAS HOLT,  
19 having been first duly sworn, was examined and testifies  
20 as follows:

21 DIRECT EXAMINATION

22 BY MR. ROCKERSHOUSEN:

23 Q. Good afternoon, Dr. Holt.

24 A. Good afternoon.

25 Q. What is your highest level of education?

1 A. Ph.D.

2 Q. And when did you obtain a Ph.D?

3 A. I defended my Ph.D in 2005.

4 Q. And where did obtain your Ph.D from?

5 A. Cappella University.

6 Q. And since 2005, what was your first full-time work  
7 assignment after you obtained your Ph.D?

8 A. I worked as a contractual psychologist at  
9 Taylorville Correctional Center.

10 Q. How long did you work at Taylorville?

11 A. I believe I was there two years.

12 Q. And after Taylorville, where did you go?

13 A. I went to Jacksonville Developmental Center.

14 Q. How long were you at Jacksonville Developmental  
15 Center?

16 A. Just over a year.

17 Q. And after that, where did go?

18 A. I went to Chester Mental Health.

19 Q. How long were you at Chester Mental Health?

20 A. Five years, approximately.

21 Q. And after that, where did go?

22 A. I went to Big Muddy correction center.

23 Q. And are you currently working at Big Muddy  
24 Correctional Center?

25 A. Yes, I am.

1 Q. And are you an employee of the Illinois Department  
2 of Corrections?

3 A. Yes, I am.

4 Q. How long have you been at Big Muddy River  
5 Correctional Center?

6 A. Five years this month.

7 Q. And what is your job title at Big Muddy River  
8 Correctional Center?

9 A. I'm the Administrator of the Sex Offender Program.

10 Q. Do you have any professional licenses?

11 A. Yes, do. I'm a Licensed Clinical Professional  
12 Counselor. I am a Licensed Sex Offender Treatment  
13 Provider and a Licensed Sex Offender Evaluator.

14 Q. How long have you had your LCPC license?

15 A. Since 2000 -- I had the LPC in 2000, and I would  
16 have had the LCPC from 2002.

17 Q. How long have you been a licensed Sex Offender  
18 Treatment Provider?

19 A. Since 2014, when the license was required.

20 Q. And how long have you been a Licensed Sex Offender  
21 Evaluator?

22 A. Since 2014, when the license was required.

23 Q. And has your job title and assignment at Big Muddy  
24 River been the same the entire time that you have been  
25 there?

1 A. Yes.

2 Q. And in general, what are some of your job duties  
3 at Big Muddy River Correctional Center as the  
4 Administrator of the Sex Offender Program?

5 A. I have oversight of the Sexually Dangerous Person  
6 Program, as well as the Volunteer Sex Offender Program.

7 Q. And is the Volunteer Sex Offender Program for  
8 criminally convicted inmates who wish to voluntarily  
9 participate in sex offender treatment?

10 A. Yes.

11 Q. As part of your position overseeing the Sexually  
12 Dangers Persons Program, do you provide treatment to the  
13 civilly committed sexually dangerous persons?

14 A. Yes.

15 Q. And in addition to providing treatment, what other  
16 tasks do you do for the SDP program as Administrator?

17 A. I oversee the therapists. I oversee the training  
18 of new therapists. I, I write new programs. I oversee  
19 the policy and the procedures. I do run groups. I  
20 liaison with the security staff. I have other duties as  
21 assigned, which I liaison as well with the security staff.

22 Q. When it comes to security measures, is there  
23 anyone at the facility that has authority over you?

24 A. Yes.

25 Q. And who is that?



1 A. All of the wardens. My direct supervisor is the  
2 warden of operations.

3 Q. And when it comes to providing treatment or  
4 therapy, is there anyone at the facility that has  
5 supervision over you?

6 A. No.

7 THE COURT: Mr. Rockershousen, do you have your  
8 laptop on our Elmo?

9 MR. ROCKERSHOUSEN: I do.

10 THE COURT: Should he -- I'm concerned about  
11 scratching it.

12 MR. ROCKERSHOUSEN: Okay. Sorry.

13 THE COURT: Are you going to show something on  
14 your laptop?

15 MR. ROCKERSHOUSEN: I was going to. I can just  
16 use the paper exhibit.

17 THE COURT: That's fine. I mean, I don't have a  
18 problem with doing that, I'm just -- they'll kill me if  
19 something happens to that piece of machinery.

20 Q. (BY MR. ROCKERSHOUSEN) I'm going to show you  
21 what's been previously marked and admitted as Plaintiff's  
22 Exhibit 3. And, Dr. Holt, are you familiar with this  
23 document?

24 A. Yes, I am.

25 Q. And what is this?

1 A. This is the Sexually Dangerous Persons Program  
2 procedures.

3 Q. And who puts together the Sexually Dangerous  
4 Persons Program procedures?

5 A. I did.

6 Q. Okay. And how long has this version of the  
7 program procedures been in effect?

8 A. I believe it was last updated in March.

9 Q. Of this year?

10 A. Yes.

11 Q. When you first got to Big Muddy River Correctional  
12 Center in 2013, who did you replace as Administrator of  
13 the Sex Offender Program?

14 A. When I arrived at Big Muddy in October of 2013,  
15 there was no Administrator.

16 Q. Okay. Who had, who had last been the  
17 Administrator before you arrived?

18 A. Dr. Mark Carich. C-A-R-I-C-H.

19 Q. And did Dr. Carich have programs and procedures  
20 that were in place when he, when he was at the facility?

21 A. Yes.

22 Q. And when you arrived at the facility and took over  
23 as Administrator, did you make any changes to the policies  
24 and procedures that had been in place under Dr. Carich?

25 A. Yes, I did.

1 Q. And what are some of the changes that made to Dr.  
2 Carich's policies and procedures?

3 A. Some of the very first changes I made address the  
4 sizes of the groups. The groups that Dr. Carich had  
5 typically met for three hours or more. They could be 14,  
6 15, 18, 20 people in a group. People came in and out of  
7 the group as they chose to, to go to the restroom, to get  
8 a drink.

9 THE COURT: He just asked what changes you made.

10 A. I stopped that. I consolidated and streamlined  
11 the groups. We began at that point with the goal of  
12 reducing the groups to 10.

13 THE COURT: Doctor? He asked what changes you  
14 made to the policies.

15 THE WITNESS: Those are --

16 THE COURT: That's what you are describing?

17 THE WITNESS: Yes, ma'am.

18 THE COURT: Okay.

19 A. Some of the rules were related to that. People  
20 coming and going, obviously, was a change that was made  
21 because they were allowed to come and go. What's called  
22 the blues and shoes, the dress code, was something else  
23 that I tightened down and implemented.

24 We also, we also manualized or codified some of  
25 the didactic groups so that each therapist who is

1 presenting a didactic group was doing exactly the same  
2 thing as the other therapist presenting the same group.

3 THE COURT: Mr. Rockershousen? Let me just get  
4 something clarified.

5 On Plaintiff's Exhibit 3, Doctor, the program  
6 policies and procedures?

7 THE WITNESS: Yes, ma'am.

8 THE COURT: You said you, I guess, implemented  
9 these or --

10 THE WITNESS: Yes, I wrote --

11 THE COURT: -- established these and put these in  
12 effect; right?

13 THE WITNESS: Yes. I wrote many of them, changed  
14 some others, and put them in effect.

15 THE COURT: I'm just trying to get a clarification  
16 for -- I know this version was updated effective in March  
17 of this year. If I look at -- but when I'm looking at  
18 Plaintiff's Exhibit 3, is there any way to tell me what  
19 portions or what policies and procedures you've revised  
20 since you have been there? Is there any way -- you know,  
21 I want to -- I'm trying to under -- when I look at  
22 Plaintiff's 3, I want to be able to tell what the  
23 situation was, if any of these were in effect before you  
24 got there, or if all of these represent changes since you  
25 have been there. I just -- I don't know.

1 THE WITNESS: First of all, I misspoke. The last  
2 time this was changed was last month. There was an  
3 addition made. That, I believe, you can see in here. But  
4 as to the other changes prior? You would not be able to  
5 tell by looking at this document.

6 THE COURT: And so all of these -- every section,  
7 you didn't -- these are not new with you. Some of these  
8 existed before you?

9 THE WITNESS: In some form, yes.

10 THE COURT: In some form?

11 THE WITNESS: Yes.

12 THE COURT: Some of them may be in the same form,  
13 some of them may be in revised form?

14 THE WITNESS: Correct.

15 THE COURT: So -- okay --

16 THE WITNESS: Although, there would be very few  
17 that would be the same form. Similar, but not the same.

18 THE COURT: And would I be able to tell that by  
19 looking at the revision date?

20 THE WITNESS: Yes.

21 THE COURT: Okay. All right. Thanks.

22 Q. (BY MR. ROCKERSHOUSEN) And, Dr. Holt, are there  
23 some policies and procedures from Dr. Carich that you did  
24 not change?

25 A. In essence, yes.

1 Q. Okay. But the policies that did not change, you  
2 approved of those policies; is that correct?

3 A. That is correct.

4 Q. So, all the policies and procedures in Plaintiff's  
5 Exhibit 3 were either created or approved by you; correct?

6 A. That is correct.

7 Q. I'm going to show you page 14 of 26 of Plaintiff's  
8 Exhibit 3. And we have heard testimony during the course  
9 of this trial about DOC tickets and program tickets. And  
10 does this policy kind of explain the program tickets at --  
11 for the SDP program?

12 A. Yes.

13 Q. And it looks like for minor infractions, staff may  
14 give a warning without issuing a program ticket; is that  
15 correct?

16 A. That is correct.

17 Q. And the second violation of the same infraction  
18 may lead to a program ticket, Intensive Therapy, or an  
19 institutional ticket; is that correct?

20 A. Yes.

21 Q. I am now showing you page 20 of 26 in Plaintiff's  
22 Exhibit 3. And does this describe generally how the  
23 therapy groups are set up for the SDP's at Big Muddy?

24 A. Yes, generally.

25 Q. What is general group therapy at Big Muddy River

1 Correctional Center?

2 A. A general therapy group is a process group. The  
3 purpose, the intent, as it says there, is:

4 "To develop insight into/resolving motivational  
5 and developmental issues;

6 "To process interpersonal relationship dynamics,  
7 which can include family of origin, core issues, things  
8 like that;

9 "Identifying and learning to control deviant  
10 arousal, fantasies;

11 "Identifying and learning to change offending  
12 behaviors, lifestyles."

13 Q. And of the 170 SDP's at Big Muddy, approximately  
14 109 are currently participating in treatment; is that  
15 correct?

16 A. As of Monday, it was exactly 109.

17 Q. And are those 109 individuals divided up into  
18 different core groups?

19 A. Yes.

20 Q. And as the Administrator of the program, are you  
21 familiar with how many of the SDP's are in each group?

22 A. Yes.

23 Q. Currently, are there any core or general groups  
24 that have more than 10 SDP's in them?

25 A. No.

1 Q. when is the last time a core or general group had  
2 more than 10 SDP's in them?

3 A. It's difficult to put a date on that. That has  
4 been a process. I would say it -- should I speculate?

5 THE COURT: If you don't know --

6 THE WITNESS: I do not know.

7 Q. (BY MR. ROCKERSHOUSEN) Okay. Is it a goal of the  
8 staff at Big Muddy to keep the general or core groups to  
9 10 members or less?

10 A. Yes.

11 Q. what is sexual -- what is a sexual offense  
12 specific group?

13 A. A sexual offense specific group is a, is a  
14 structured, it's time-limited, it's a clinical, closed  
15 therapy group. It teaches specific strategies specific to  
16 the individual's sexual offense. These groups are both  
17 sex offender as well as sex offense specific. They will  
18 deal with victim empathy, cycles of offending. We can  
19 talk -- as it says here, Relapse Prevention. Although,  
20 it's not a Relapse Prevention program, the topic of  
21 relapse prevention is here, including advanced relapse  
22 prevention.

23 Q. So, can a SDP be in both a general group and a sex  
24 offense specific group?

25 A. Certainly.



1 Q. How does the staff at Big Muddy determine who goes  
2 into what general or core group?

3 A. That is staffed, discussed among the staff, based  
4 on intellectual ability, cognitive ability, treatment,  
5 treatment readiness, treatment motivation.

6 Our goal very much is to put people in groups with  
7 like people. I guess an example would be, it's not  
8 advantageous to an individual to be in a group that is  
9 lower or slower than he is, nor is it advantageous to be  
10 in a group where the whole group is faster than they are.

11 Q. What is a didactic group?

12 A. A didactic group is a teaching group.

13 THE COURT: We already got that information.

14 MR. ROCKERSHOUSE: Okay.

15 Q. (BY MR. ROCKERSHOUSE) And can a SDP be placed in  
16 a general or core group, a offense specific group, and a  
17 didactic group?

18 A. Most certainly.

19 Q. Is it possible for an SDP to be in more than one  
20 offense specific group or more than one didactic group?

21 A. Certainly.

22 Q. Now I'm going to show you what's page 23 of  
23 Plaintiff's Exhibit 3. And is this the Four Phase  
24 Treatment process at Big Muddy River Correctional Center?

25 A. Yes, it is.

1 Q. What is the Four Phase Treatment process?

2 A. The Four Phase Treatment process is a tool that we  
3 use to help the individual understand where they are in  
4 the treatment process.

5 Q. Was the Four Phase Treatment process in place when  
6 you arrived at Big Muddy River Correctional Center?

7 A. In a different form, yes, it was.

8 THE COURT: What was the different form, Doctor?

9 THE WITNESS: The, the progression indicators were  
10 not as tight.

11 THE COURT: Explain that to me.

12 THE WITNESS: It doesn't show up as -- oh, yeah,  
13 it does. In Phase 1, you'll see the bullet point "as  
14 evidenced by."

15 THE COURT: Yes.

16 THE WITNESS: "As evidenced by" -- if we just go  
17 to the first one, "as evidenced by a basic knowledge of  
18 sexual offenses." These kind of indicators were not a  
19 part of the process before I arrived. So --

20 THE COURT: The first one says, "as evidenced by  
21 no tickets."

22 THE WITNESS: Okay. You're right. I'm sorry.  
23 That wouldn't have been there. It would have just been  
24 "adherence to program rules." I wanted something more  
25 concrete. So, I moved through the different phases and

1 put movement indicators, and they're all behavioral and  
2 they're observable and evidence based.

3 THE COURT: Can you take me through this, just the  
4 description, just this policy, and generally summarize for  
5 me so I have an understanding of what changes you made.  
6 Like you just explained one of them.

7 THE WITNESS: Okay.

8 THE COURT: would you take me through and tell me  
9 how you changed or tightened up or tweaked the Four Phase  
10 Treatment process?

11 THE WITNESS: Okay. I think I understand your  
12 question, Your Honor.

13 THE COURT: Right.

14 THE WITNESS: For example, in this phase, in  
15 initial treatment, Phase 1, completion of initial -- an  
16 initial victimology outline. It is now going to be  
17 evidenced by a basic knowledge of sexual offenses.

18 The individual who is not acknowledging a sexual  
19 offense or minimizing their sexual offense would not be  
20 said to have a completion of an initial victimology  
21 outline.

22 THE COURT: So, they couldn't move from Phase 1.

23 THE WITNESS: They probably would not, no.

24 THE COURT: was that the same before you got  
25 there?

1 THE WITNESS: No. It was much more vague. It  
2 would have just said "completion of initial victimology  
3 outline."

4 THE COURT: So, before you got there, even though  
5 Mr. Howe still says he didn't commit the rape that put him  
6 there, he would have been able to move through the phases.  
7 But since you have been there, he could not because he  
8 couldn't get past that piece; is that fair?

9 THE WITNESS: No. Because this is a basic  
10 knowledge of sexual offenses, at this point. There are  
11 other indicators on here that will fit your question, Your  
12 Honor.

13 THE COURT: No, but I'm saying -- you said "the  
14 completion of initial victimology outline." Does that  
15 include the acknowledgement of having created the offense  
16 -- I mean, committed the offense?

17 THE WITNESS: Yes.

18 THE COURT: So, if he never acknowledges  
19 committing the offense, he can't move past Phase 1?

20 THE WITNESS: He probably would stay in Phase 1,  
21 yes, ma'am.

22 THE COURT: Go ahead, Mr. Rockershausen.

23 MR. ROCKERSHOUSEN: Thank you, Your Honor.

24 Q. (BY MR. ROCKERSHOUSEN) And once an individual  
25 makes it to Phase 4, does that mean that they get

1 released?

2 A. No.

3 Q. Once an individual completes Phase 4, does that  
4 mean they get released?

5 A. No.

6 Q. So, how does the staff at Big Muddy use the four  
7 phases in providing treatment to the SDP's?

8 A. The phase process is a tool. It shows the  
9 individual, it shows staff, where the individual is in  
10 treatment; allows the therapist, the facilitator of that  
11 individual's specific core group to direct their therapy  
12 and their interventions to where the individual is in the  
13 process. It's not a linear program that says, if they  
14 start at Pretreatment and when they get to Phase 4, they  
15 leave.

16 And part of the purpose is that -- part of the  
17 reason that we only use it as a tool for treatment  
18 progression is because we really can't control when a  
19 person leaves. They can leave in any phase.

20 Q. And as Administrator of the Sex Offender Program  
21 at Big Muddy, do you ever directly make recommendations to  
22 the court as to whether or not an SDP should be released?

23 A. I have not done that, no.

24 Q. And it's your understanding that it is the Wexford  
25 evaluators who make the recommendation to the courts?

1 A. Yes.

2 Q. And do the Wexford evaluators only recommend  
3 someone to be released if they are in Phase 4?

4 A. No.

5 Q. And have Wexford evaluators recommended SDP's for  
6 release who have not been in Phase 4?

7 A. Certainly.

8 THE COURT: I'm sorry, Mr. Rockershausen. Let me  
9 clarify one thing. And I might have cut you off. Could  
10 you put that back up there?

11 MR. ROCKERSHOUSEN: Yes, Your Honor.

12 THE COURT: Did you finish summarizing for me the  
13 changes that you made?

14 THE WITNESS: Yes, ma'am.

15 THE COURT: That was the only change --

16 THE WITNESS: It would have been the same exactly  
17 through the -- when we get to --

18 THE COURT: -- the victimology piece?

19 THE WITNESS: When we get to Phase 4, those are --  
20 we could call the bullet points "as evidenced by" in  
21 Phase 4, we could call those completion indicators, an  
22 individual who had attained those things in Phase 4, I  
23 would expect an evaluator.

24 THE COURT: Okay. So, when I'm looking back at  
25 this after all this is said and done, I'll know the bullet

1 points that say, "as evidenced by," those are your  
2 revisions?

3 THE WITNESS: Yes, ma'am.

4 THE COURT: Okay. Thank you.

5 MR. ROCKERSHOUSEN: Your Honor, do you want me to  
6 go through --

7 THE COURT: (Nonverbal response.)

8 MR. ROCKERSHOUSEN: Okay.

9 THE COURT: No, thank you, Mr. Rockershausen.

10 Q. (BY MR. ROCKERSHOUSEN) And you heard Miss Stover  
11 testify earlier that, since 2011, 22 individuals have been  
12 either conditionally released or discharged. To your  
13 knowledge, have there been any other individuals that have  
14 been recommended for release by the evaluator but not  
15 released or discharged?

16 A. Yes. That number moves up to 33, at that point.

17 Q. Okay. So, the total number of people who have  
18 been released, discharged, or recommended for release or  
19 discharge is 33 individuals?

20 A. Yes, sir.

21 Q. And that's since approximately 2011?

22 A. Since 2011, yes.

23 Q. When the Wexford evaluators do their evaluations,  
24 do they interview the SDP's?

25 A. Yes, they do. If I could rephrase? They offer an

1 interview to the SDP's.

2 Q. And it's up to the SDP's to choose whether or  
3 not --

4 A. That's correct.

5 Q. -- whether or not to do the interview?

6 A. That's correct.

7 Q. Okay. Thank you. Dr. Holt, you were in the  
8 courtroom when Mr. Needs was testifying; correct?

9 A. I was.

10 Q. And you heard Mr. Needs testify that you  
11 disciplined him by taking away his underwear?

12 A. I did.

13 Q. Did you ever discipline Mr. Needs by taking away  
14 his underwear?

15 A. I did not.

16 Q. Did you ever have a conversation with Mr. Needs  
17 about his underwear?

18 A. I did.

19 Q. What was that conversation?

20 A. I was on the core, just outside the door of the  
21 wing. Mr. Needs came to me, asked if I would do him a  
22 favor. I asked him what he needed. He said that he  
23 didn't have any underwear, and he wanted me to get a hold  
24 of clothing and have them send a call over to him so he  
25 could go and get underwear.



1 I turned to the officer who was sitting at the  
2 desk and I relayed that information to the officer at the  
3 desk, whose role it is to connect Mr. Needs to the  
4 Clothing. And he said that he would do that but, first of  
5 all, they needed to go to Mr. Needs' cell and make sure  
6 that he didn't have any underwear.

7 I don't know if it was later that day or the next  
8 day, that officer told me that he had gone to Mr. Needs'  
9 cell and they had found two pair of underwear in his cell,  
10 so that he was not sent to Clothing to get underwear. I  
11 believe this was August of last year.

12 Q. Have you ever deprived an SDP of underwear as a  
13 punishment for a rule violation?

14 A. Never.

15 Q. Are you aware of anyone else at the facility  
16 punishing anyone by taking away their underwear for a  
17 rule violation?

18 A. I am not.

19 Q. I'm going to show you page 34 of 34 of Plaintiff's  
20 Exhibit 8, which has been admitted into evidence. What is  
21 this document?

22 A. This is a therapy schedule for the Sex Offender  
23 Program, as well as the Volunteer Sex Offender Program.

24 Q. And who puts together this schedule?

25 A. We all do. I approve it. But we all put it

1 together, depending on the changes that are made. We have  
2 it on a common drive on the computer.

3 Q. And it appears that every Wednesday from 2:30 to  
4 4:00 there's something called Staffing; is that correct?

5 A. Yes. That is an official staff meeting with all  
6 of the therapists and myself. Although, Staffing  
7 continues almost all the time through the day, but that is  
8 the official time.

9 Q. Okay. And then if you look earlier in the day on  
10 Wednesday, it looks like from approximately 12:00 to -- or  
11 11:30 to 12:30, there's staffing on C wing?

12 A. What that is, is an opportunity for any of the  
13 SDP's -- well, along the left where it says Alternative  
14 Staff and Wing Meeting, that is for the volunteer program.  
15 It's the same description.

16 The one on the right, C wing and B wing, you'll  
17 see there -- that is an opportunity for any participant in  
18 the program to bring their concerns, their complaints,  
19 their desires for new groups, their -- any information  
20 that they think we need, or any question that they may  
21 have, that's their opportunity to do that. We hang a  
22 sign-up sheet on the wing for anyone to sign up, although  
23 individuals who don't sign up are still allowed to come.

24 Q. And what staff members at Big Muddy attend  
25 Staffing on the wings?

1 A. Currently, I and Heather Young are doing those  
2 staffings. The two newest staff members that we have are  
3 coming along for training, so there's four of us at this  
4 time.

5 Q. And how many staff members does the Sex Offender  
6 Program at Big Muddy have? How many treatment providers?

7 A. Total?

8 THE COURT: Now?

9 MR. ROCKERSHOUSEN: Now, yes.

10 A. There are four therapists and myself. And I  
11 provide therapy as well as administration.

12 THE COURT: Has that been the same since 2013?

13 THE WITNESS: No, ma'am.

14 THE COURT: How has it changed?

15 THE WITNESS: We just received -- the two were  
16 just hired, I want to say, last month, middle of last  
17 month.

18 THE COURT: And before then, how many -- what was  
19 the staffing?

20 THE WITNESS: There were three of us for -- and I  
21 do not remember how long it was three of us.

22 THE COURT: When you first came in 2013, how many  
23 were there, including yourself?

24 THE WITNESS: Four. In 2013. One went out on --  
25 she was injured and left and has not returned; later,

1 another left for medical reasons and she had not returned.  
2 In that time, one was hired, so at that point there were  
3 three. And for approximately a year or so --

4 THE COURT: Three, including yourself? Or three  
5 plus --

6 THE WITNESS: Three, including me.

7 THE COURT: Okay.

8 THE WITNESS: And for a year or so, there was  
9 three. Then we just hired these other two. And we put a  
10 bid out for another therapist, and I believe that bid came  
11 down a week ago, so we've got one on the way.

12 THE COURT: So, since you have been there it's  
13 been either three or four, including yourself?

14 THE WITNESS: Yes, ma'am.

15 Q. (BY MR. ROCKERSHOUSEN) And, Dr. Holt, does the  
16 Sex Offender Program at Big Muddy have a separate budget?

17 A. I'm sorry?

18 Q. Does the Sex Offender Program at Big Muddy have  
19 its own budget?

20 A. It does not.

21 Q. Okay. Does that mean that you are not allowed to  
22 obtain any materials?

23 A. No.

24 Q. Okay. So, even though you don't have your own  
25 budget, you are still able to obtain materials for the

1 program?

2 A. That's correct.

3 Q. And how do you obtain -- for example, if you need  
4 a book for the program, how do you obtain the book?

5 A. I communicated -- the last book, we received  
6 approximately 90 days ago. We got 120 of them, I believe.  
7 I communicated with Springfield, to the individual who at  
8 that time was the Administer of Sex Offender Services for  
9 the State of Illinois. She talked to the appropriate  
10 people, and the books showed up at Big Muddy for us.

11 Q. And what kinds of therapy-specific books do the  
12 SDP's at Big Muddy have access to?

13 THE COURT: Mr. Rockershousen, it would be helpful  
14 for me if you can identify in your question what time  
15 period you are asking him about.

16 MR. ROCKERSHOUSEN: Sure. I apologize, Your  
17 Honor.

18 Q. (BY MR. ROCKERSHOUSEN) Dr. Holt, currently what  
19 books do -- what kind of therapy-specific books do the  
20 SDP's at Big Muddy have access to?

21 A. They have access to all of the therapy books that  
22 they ever had access to.

23 Q. And is there any kind of library or, or other  
24 place where SDP's can check out therapeutic books?

25 A. Yes, there is. We have an extensive library on A

1 wing. Individuals, when they come to Staffing, can  
2 indicate that they would like to check out a book or  
3 books. They'll be provided a list of every book that we  
4 have in the entire library. They'll write out what they  
5 want.

6 Heather Young takes that to the other wing. They  
7 go into the library, they give her the book. She brings  
8 the book back. She gives it to the SDP with a, kind of a  
9 library card, check-in, check-out kind of thing on it, so  
10 they know how long they get to keep the book. If they  
11 decide they need to keep it longer, they just indicate to  
12 her at the next Staffing they need it more. She just  
13 extends it. And they have full access.

14 Q. And the --

15 THE COURT: Hold on for a second. I need  
16 clarification again.

17 Doctor, you said they have access to every therapy  
18 book they ever had access to?

19 THE WITNESS: Yes, ma'am.

20 THE COURT: I don't know what that means. Could  
21 you explain what you mean?

22 THE WITNESS: Yes, ma'am. One of the things that  
23 I changed when I arrived there, they were going through  
24 workbooks. They were designated by different colors.  
25 There was a green book and the yellow book and the gray

1 book and the blue book, and they all had different topics.  
2 And one of the things that the SDP's had done, prior to my  
3 arrival, is they filled out these books, or had someone  
4 else fill them out, but the books were filled out. And  
5 they would turn them in and they would say, *Yes, I'm done.*  
6 *I have completed this portion of my therapy.*

7 But what I saw, was that individuals --

8 THE COURT: I'm not asking you about your opinion  
9 or what you saw. My question was much more direct and  
10 simpler than that.

11 THE WITNESS: Those books are still available to  
12 them.

13 THE COURT: Okay. But now you are saying they  
14 have access to additional therapy books?

15 THE WITNESS: Many more books than that, yes.

16 THE COURT: And that's since when? (Pause.) I  
17 mean, as soon as you came in, in 2013, did you start  
18 getting them --

19 THE WITNESS: They had access to those books, yes.

20 THE COURT: No. I mean additional books.

21 THE WITNESS: Yes.

22 THE COURT: Okay.

23 THE WITNESS: Maybe '14. It took some time to get  
24 that up and running, but very soon after I arrived.

25 Q. (BY MR. ROCKERSHOUSEN) And the library of therapy

1 books that you have in 4-House, that's separate from the  
2 general library at Big Muddy; correct?

3 A. Yes, sir.

4 Q. And the SDP's are still allowed to check out other  
5 books from the library at Big Muddy; correct?

6 A. Yes.

7 MR. ROCKERSHOUSEN: I apologize, Your Honor.

8 THE COURT: It's okay.

9 (Pause.)

10 Q. (BY MR. ROCKERSHOUSEN) Dr. Holt, I'm going to  
11 show you Plaintiff's Exhibit 20, and I'm going to show you  
12 page 5 of 26 of Plaintiff's Exhibit 20. And what is this  
13 document?

14 A. This document is Mr. Howe's treatment plan.

15 Q. And these treatment plans are prepared every six  
16 months; is that correct?

17 A. That's correct.

18 Q. And a treatment plan is prepared for all the  
19 individuals at Big Muddy that are participating in -- all  
20 the SDP's in Big Muddy that are participating in therapy?

21 A. There is a treatment plan prepared for every  
22 individual.

23 Q. Okay.

24 A. All 170.

25 Q. Okay. And you heard testimony earlier that Mr.



1       Howe was diagnosed with sexual sadism. Is that a  
2       diagnosis that anyone -- any staff member at Big Muddy  
3       made?

4       A.       No.

5       Q.       who made that diagnosis?

6       A.       That would have been made by the Wexford  
7       evaluator.

8       Q.       And the, the diagnosis that the offender is  
9       committed to the institution for, is that a diagnosis that  
10      treatment staff at Big Muddy make?

11      A.       No.

12      Q.       who makes those diagnoses?

13      A.       That would be the committing evaluators.

14      Q.       And just to be clear, the committing evaluators  
15      are not employed by the Illinois Department of  
16      Corrections?

17      A.       No.

18      Q.       Thank you. So, on the left-hand side of this,  
19      there's -- the first column is problem number; correct?

20      A.       Yes.

21      Q.       And is that just to indicate the number of, of  
22      target problems for each individual receiving treatment?

23      A.       That is correct.

24      Q.       All right. And then the second column is  
25      description. Is that just describing what the problem is?

1 A. Yes.

2 Q. All right. And the third column is treatment  
3 goal. And what is that?

4 A. That is the prescribed way that, in this case Mr.  
5 Howe, will address the description of the problem.

6 Q. And the fourth column is intervention or treatment  
7 activities.

8 A. This is what we will do to assist Mr. Howe in  
9 meeting his treatment goals.

10 Q. Okay. And are all of the SDP's given or shown a  
11 copy of their treatment plan?

12 A. Yes.

13 Q. And do they have an opportunity to review or  
14 discuss their treatment plan with their treatment  
15 providers?

16 A. Yes, they do.

17 Q. I am next going to show you pages 9 and 10 of  
18 Plaintiff's Exhibit 20. And what is this document?

19 A. This is Mr. Howe's semi annual program evaluation.

20 Q. And semi annual program evaluations are completed  
21 for all the SDP's at Big Muddy every six months?

22 A. That's correct.

23 Q. And who fills out the semi annual evaluations?

24 A. The primary author is the primary therapist,  
25 although, all of the therapists who have interaction with

1 the individual would have input into that.

2 Q. And is the semi annual program evaluation the same  
3 as the petition for recovery evaluation?

4 A. No.

5 Q. who completes the petition for recovery  
6 evaluation?

7 A. The SDP.

8 Q. I'm sorry. That was a bad question. When an SDP  
9 petitions the court, the committing court for recovery and  
10 an evaluation is conducted, who does that evaluation?

11 A. who does the evaluation? The wexford evaluator  
12 does that evaluation.

13 Q. Right. And the wexford evaluator's evaluation is  
14 separate from the semi annual program evaluation?

15 A. Correct.

16 Q. And is the semi annual program evaluation only  
17 used internally?

18 A. Yes.

19 Q. And why do staff at Big Muddy River Correctional  
20 Center do the semi annual program evaluations for each  
21 SDP?

22 A. This is a, a snapshot of that six-month time  
23 period, a snapshot of that individual's participation and  
24 progress and treatment. It only covers the time period at  
25 the top right.

1 Q. And are, are the SDP's given a copy of their semi  
2 annual program evaluations to review?

3 A. Yes.

4 Q. And are they given an opportunity to discuss their  
5 semi annual program evaluations --

6 THE COURT: Counsel, we have been through this.

7 MR. ROCKERSHOUSEN: Okay. Thank you, Your Honor.

8 THE COURT: We went through this with Miss Stover.  
9 Are you anticipating that they're going to have different  
10 information?

11 MR. ROCKERSHOUSEN: No, Your Honor. I apologize.  
12 Thank you.

13 Q. (BY MR. ROCKERSHOUSEN) And, Dr. Holt, you  
14 currently provide therapy to individuals who are in  
15 segregation; correct?

16 A. That's correct.

17 Q. How does the treatment that you provide in  
18 segregation differ from the treatment that's given to the  
19 SDP's who are not in segregation?

20 A. Content-wise, there is no difference. It is an  
21 hour -- an hour of structured group therapy.

22 Q. And do you physically go to segregation to provide  
23 this treatment?

24 A. Yes.

25 Q. Does the SDP treatment program follow a treatment

1 model?

2 A. Yes.

3 Q. What model does it follow?

4 MR. SPREHE: I'm going to object to this as an  
5 expert opinion because the treatment model isn't listed  
6 anywhere in the policy. It's going to be based on factors  
7 through his specialized knowledge.

8 THE COURT: Is there an identified model, a named  
9 model that you are coming -- that you are getting to here?

10 MR. ROCKERSHOUSEN: I believe so.

11 THE COURT: You believe so? You don't know? Is  
12 there a particular model that your treatment follows?

13 THE WITNESS: Yes, ma'am.

14 THE COURT: A recognized or named model?

15 THE WITNESS: Yes, ma'am.

16 THE COURT: What's the name of it?

17 THE WITNESS: It's the cognitive behavioral  
18 therapy based on the containment model.

19 MR. ROCKERSHOUSEN: Thank you, Your Honor.

20 Q. (BY MR. ROCKERSHOUSEN) Dr. Holt, I'm again going  
21 to show you page 5 of Plaintiff's Exhibit 20, which is the  
22 mental health treatment plan. Since you've become the  
23 Administrator of the program at Big Muddy, have you made  
24 any changes to the treatment plan form that's filled out?

25 A. I do believe this is a different form than we used

1 initially, yes.

2 Q. Do you recall how the form was changed since you  
3 arrived?

4 A. I do not. That was --

5 Q. Okay.

6 A. -- a long time ago.

7 Q. Thank you. And I'm again going to show you page 9  
8 of what's been marked as Plaintiff's Exhibit 20, and this  
9 is the semi annual program evaluation.

10 A. Yes.

11 Q. Do you know if you have made any changes to this  
12 form since you have taken over as Administrator of the  
13 program at Big Muddy?

14 A. Yes. This, this form has changed multiple times  
15 since I have taken over.

16 Q. In general, can you describe how it's changed  
17 since you took over?

18 A. The last change is, is the inclusion of the sex  
19 offender treatment needs and progress scale. That is the  
20 last and probably the most major change to it.

21 THE COURT: Can you tell us what other changes you  
22 made? I know you said that's the major. I'd be  
23 interested in --

24 THE WITNESS: The other changes --

25 THE COURT: -- what changes you made?

1 THE WITNESS: I, I took it from subjective to  
2 objective. I wanted it to be more measurable.

3 THE COURT: Doc, I'm not asking for the  
4 theoretical. I'm saying, can you tell me on this form  
5 what changes you made to the actual physical form?

6 THE WITNESS: No, ma'am, I cannot.

7 THE COURT: Thank you.

8 Q. (BY MR. ROCKERSHOUSEN) Dr. Holt, you were in the  
9 courtroom earlier when the Warden was testifying about the  
10 Adjustment Committee?

11 A. Yes.

12 Q. Are you familiar with the Adjustment Committee at  
13 Big Muddy?

14 A. Yes, I am.

15 Q. Do you have a direct role in the Adjustment  
16 Committee process?

17 A. I do not.

18 Q. Do you have any kind of indirect role in the  
19 Adjustment Committee process?

20 A. Yes, I can.

21 Q. What is your indirect role?

22 A. I advocate for the SDP's who --

23 Q. Okay. Could you explain that?

24 A. -- who go before the Adjustment Committee.

25 Individuals who are seriously mentally ill or who are on

1 the mental health caseload, if we believe that there is a  
2 psychological reason for the infraction that they were  
3 involved in, we can intervene. We can make suggestions  
4 for reductions in segregation time or any other  
5 consequence of a DOC infraction. We can even mitigate to  
6 the point where they are not placed in seg.

7 we have removed people from segregation early, so  
8 that they could return to treatment. There are several  
9 times and several ways that we can advocate and intervene  
10 in that process.

11 Q. And why do you advocate for SDP's in the  
12 disciplinary process?

13 A. Because treatment is more important.

14 Q. Can SDP's have job assignments at the prison?

15 A. Yes.

16 Q. Do you have any role in SDP's receiving job  
17 assignments?

18 A. Yes.

19 Q. What is your role in that?

20 A. The SDP comes to us at Staffing, typically,  
21 sometimes a written note, requests a job. Miss Young  
22 right now is the one who keeps track which people have  
23 asked and who has which job. If there is no reason that  
24 we can see why an individual cannot have that job, no  
25 treatment reason, no physical reason, et cetera, we pass



1 that on to the next level. That is passed on to Internal  
2 Affairs. If no one has any problem with it down the line,  
3 that individual is given that position.

4 Q. And internal affairs is something outside of the  
5 Sex Offender Program; correct?

6 A. Yes.

7 Q. And that's a security branch at the prison?

8 A. Yes.

9 Q. The SDP's at Big Muddy are assigned to a  
10 particular cell on their wing; correct?

11 A. Yes.

12 Q. How are they assigned to a particular cell?

13 A. SDP staff make that assignment.

14 Q. Okay.

15 A. well, let me rephrase. We make that  
16 recommendation and we send it to Placement. If there is a  
17 security reason why that wouldn't happen, they would  
18 override that. But generally, we make that assignment.

19 Q. And, and again, Placement is a security branch  
20 within the prison?

21 A. That's correct.

22 Q. How do the SDP staff determine who to recommend  
23 for what cell?

24 A. That's a complicated process, typically. Knowing  
25 the SDP's is a big help; knowing who has problems with

1 whom; who has problems in the past; who celled with who in  
2 the past; who could help whom in their treatment. Safety  
3 and security is paramount. We would not put people  
4 together who there could be a problem.

5 Q. Are there currently any criminally convicted  
6 persons residing on the same wing as civilly committed  
7 SDP's?

8 A. There is not.

9 THE COURT: Has there ever been?

10 THE WITNESS: Yes.

11 THE COURT: When was the last time?

12 THE WITNESS: January of 2015, the last general  
13 population inmate was moved off of B wing. They were  
14 separated by uppers and lowers, and that was the day they  
15 were moved off.

16 Q. (BY MR. ROCKERSHOUSEN) We have heard a lot about  
17 the four phases that the SDP's are placed in during their  
18 evaluations. Does the phase that they're in dictate  
19 specifically what treatment is provided to the SDP?

20 A. No.

21 Q. And can members of the same group be at different  
22 phases?

23 A. Oh, certainly.

24 MR. ROCKERSHOUSEN: No further questions.

25 CROSS-EXAMINATION

1 BY MR. SPREHE:

2 Q. Dr. Holt, you have been in charge since October of  
3 2013; is that correct?

4 A. That is correct.

5 Q. From then, until now, how many months has the  
6 Substance Abuse module been on hold?

7 A. I believe it went -- May of '17 to present.

8 Q. May of 2017 until October of 2018?

9 A. That's correct.

10 Q. No time before that?

11 A. No. It ran before that.

12 Q. It ran consistently before that?

13 A. I believe it ran two cycles before that, to --

14 Q. Can you explain what that means?

15 A. -- 50 weeks.

16 THE COURT: Mr. Sprehe, could you -- I think the  
17 microphone is either off or -- yeah, thanks.

18 Q. (BY MR. SPREHE) I'm sorry. Could you repeat  
19 that?

20 A. Approximately 50 weeks.

21 Q. 50 weeks. Dr. Holt, is your facility or any of  
22 your therapists licensed or accredited for Substance Abuse  
23 treatment?

24 A. The facility is not. Every therapist with an  
25 independent license is.

1 Q. Every therapist at the facility is --

2 A. with an -- in my program, with an independent  
3 license, is licensed to provide substance abuse treatment.

4 Q. what's the name of that license?

5 A. LCSW or LCPC.

6 Q. who issues that?

7 A. State of Illinois.

8 Q. Okay. You mentioned earlier that you have never  
9 recommended discharge from the SDP program to any court;  
10 is that correct?

11 A. That is correct. I have not.

12 Q. Do you have the authority to recommend to any  
13 court that people be discharged from the program?

14 A. Yes, per statute, I do.

15 Q. You do?

16 A. Yes. I have not had occasion to do it yet.

17 Q. You have not had occasion to do it.

18 A. No, sir.

19 Q. Can you explain what that means?

20 A. It's -- no one has asked me to. No one has --

21 Q. That's why you have never recommended to anyone --

22 A. -- no one has suggested -- no -- my therapists --

23 Q. I'm sorry. Can I state my question? You have  
24 never recommended discharge for anyone at the program  
25 because no one has asked you to; is that correct?

1 A. There's a different -- that's what I said, yes.

2 Q. Are you aware of how many people have died while  
3 in the program, since you have been in charge?

4 MR. ROCKERSHOUSEN: Objection, relevance.

5 MR. SPREHE: I think it goes to the quality of the  
6 treatment.

7 THE COURT: Overruled.

8 You can answer.

9 A. Generally, yes.

10 Q. (BY MR. SPREHE) How many would that be?

11 A. I believe it's eight, since I have been there.

12 Q. Eight. You mentioned before that it's the Wexford  
13 evaluators who generally recommend discharge from the  
14 program; is that right?

15 A. Yes.

16 Q. Do they base their recommendations on any of the  
17 work done -- I'm sorry. Let me rephrase.

18 Do they base their recommendation off of the semi  
19 annual report created by the SDP program whatsoever?

20 A. I guess I don't understand. There's two questions  
21 there.

22 Q. Okay. I'll rephrase. I can rephrase. When the  
23 Wexford evaluators are in the process of completing their  
24 evaluation, do they base that evaluation whatsoever on the  
25 semi annual reports created by the SDP program?

1 A. I can't answer that yes or no.

2 Q. Do the Wexford evaluators consult with the SDP  
3 therapists and/or yourself when making their evaluations?

4 A. Yes.

5 Q. Per evaluation, approximately how many hours do  
6 they consult with you, personally?

7 A. It's usually more minutes than hours, sir.

8 Q. They consult with you for minutes --

9 A. 30 minutes, 40 minutes.

10 Q. Do they have access to the semi annual reports  
11 created by your program?

12 A. Yes.

13 Q. Do you have personal knowledge that they exercise  
14 the right to that access?

15 A. Yes.

16 Q. Do you have any reason to believe they don't base  
17 their evaluations off of the semi annual reports?

18 A. Yes.

19 Q. You do?

20 A. Yes.

21 Q. You mentioned before, whenever you need materials  
22 such as books for your program, you contact the Sex  
23 offender Services in Springfield; is that correct?

24 A. That's correct.

25 Q. And then I believe you said they contact the

1 appropriate people to get you what you need?

2 A. Yes.

3 Q. Do you know who that is?

4 A. No, I didn't. They just ordered 'em and --

5 Q. Is it your understanding that the Sex Offender  
6 Services ordered the books or that they had to go through  
7 somebody else to order the books?

8 A. I don't know.

9 Q. Is this the case with any other materials besides  
10 books?

11 A. No.

12 Q. Just books.

13 A. It's -- no. Yes, just books.

14 Q. So, then is it your understanding that you don't  
15 know where the funding comes from for your books?

16 A. That's correct.

17 Q. And I can assume you don't know what -- how much  
18 funding?

19 A. There was a price on the invoice when it came, but  
20 I don't remember --

21 Q. I'm sorry. Let me rephrase. I didn't mean for  
22 the books, I meant what your funding is to get those  
23 books?

24 A. No. I don't know.

25 Q. You have no idea?

1 A. No.

2 Q. You mentioned earlier that you just hired two new  
3 therapists to work in your facility?

4 A. Yes.

5 Q. Are those two therapists licensed to do groups by  
6 themselves?

7 A. Yes.

8 Q. They are?

9 A. Yeah.

10 Q. I'm going to show you page 26 of 26 of Plaintiff's  
11 Exhibit 3. You mentioned before that one of the purposes  
12 of the four phases was for the SDP's themselves to  
13 understand their treatment; is that correct? Do you  
14 remember that testimony?

15 A. Yes.

16 Q. And then you later said that the four phases are  
17 also for the therapists and the treaters to track the  
18 progress of the SDP's; is that correct?

19 A. That's correct.

20 Q. Does your program -- sorry. Let me rephrase.

21 Do you or any of the therapists track the literacy  
22 rates of the participants in your program?

23 A. By number?

24 Q. By any measure?

25 A. Yes.



1 Q. what measure would that be?

2 A. Functioning level, most typically.

3 Q. Okay. Let me rephrase. Do you know the number of  
4 people in your program who are in one sense or another  
5 illiterate?

6 A. I could approximate.

7 Q. You could approximate? (Pause.) Can you read the  
8 third main bullet point, and followed by the third sub  
9 bullet point for me, please?

10 A. The third main bullet point: "Advanced level of  
11 understanding and acceptance of the negative impact of the  
12 offending behavior on the victim or victims, others, and  
13 himself, without toxic shame."

14 "As evidenced by the individual's ability to  
15 verbalize and demonstrate victim empathy, identify  
16 feelings, recognize victim impact, assume ownership of  
17 offense, understand and take the perspective of others,  
18 demonstrate emotional regret, and express feelings of  
19 empathy and remorse."

20 Q. Thank you very much. Doctor, do you have any  
21 doubt that George Needs went without underwear for an  
22 extended period of time?

23 A. Could you rephrase, please?

24 Q. Do you have any reason to doubt that George Needs  
25 went without underwear for an extended period of time?

1 A. Yes. Yes, I think I do.

2 Q. Are you wearing underwear today, Doctor?

3 A. I am.

4 MR. SPREHE: No more questions.

5 THE COURT: Okay. Mr. Rockershousen?

6 MR. ROCKERSHOUSEN: Thank you, Your Honor.

7 REDIRECT EXAMINATION

8 BY MR. ROCKERSHOUSEN:

9 Q. Dr. Holt, you were asked by plaintiff's counsel  
10 whether you have ever recommended anyone for release or  
11 discharge, and you said that you had never had the  
12 opportunity. Can you explain what you mean by that?

13 A. That would be a staffing decision. I misspoke  
14 when I said I had never been asked. What I meant was,  
15 that had never been brought to me by staff, saying that  
16 they believed that this individual in their group was  
17 ready for release. That, that occasion has not come up,  
18 to date.

19 THE COURT: Since you have been there?

20 THE WITNESS: Since I have been there.

21 Q. (BY MR. ROCKERSHOUSEN) And you have never been  
22 asked in a legal proceeding to provide a recommendation  
23 whether or not an individual should be released?

24 A. I have not.

25 Q. And as the Administrator, you do not initiate the

1 legal proceeding that determines whether or not an SDP is  
2 released or discharged?

3 A. I do not.

4 Q. So, you would never independently have occasion to  
5 approach a court and recommend that someone be released?

6 A. No.

7 Q. You were asked some questions about purchasing  
8 supplies.

9 A. Yes.

10 Q. Other than books, how do you get other supplies  
11 you might need for the program?

12 A. We fill out a supply requisition and turn that  
13 into the warehouse, and they send the supplies to us.

14 Q. And the warehouse is at Big Muddy Correctional  
15 Center; correct?

16 A. That's correct.

17 Q. And you were asked whether you had reason to doubt  
18 that Mr. Needs had -- did not have underwear for an  
19 extended period of time. Can you --

20 THE COURT: I'm done with the underwear.

21 MR. ROCKERSHOUSEN: Okay. Okay.

22 THE COURT: I promise you, it's not going to --

23 MR. ROCKERSHOUSEN: Sure.

24 THE COURT: -- I'm not going to make my  
25 determination on whether Mr. Needs had underwear.

1 But I really don't -- Mr. Needs, no offense, but I  
2 don't want to hear about your underwear no more.

3 MR. ROCKERSHOUSEN: Thank you, Your Honor. I  
4 don't have anything further, Your Honor.

5 MR. SPREHE: Nothing further, Your Honor.

6 THE COURT: I just have a couple, Doctor.

7 EXAMINATION

8 BY THE COURT:

9 Q. Yesterday, one of -- it might have been Mr. Howe  
10 testified that on some occasions, I guess, as a  
11 disciplinary measure they can be restricted to their rooms  
12 as opposed to segregation.

13 A. Mm-hmm.

14 Q. A room or a cell restriction. Is that something  
15 that happens as a disciplinary measure? I mean, are they  
16 sometimes restricted to their rooms for disciplinary  
17 purposes?

18 A. May I be clear with what you are saying?

19 Q. Sure.

20 A. There are two ways that that can occur.

21 Q. Okay.

22 A. A violation of an institutional rule, and that  
23 violation having occurred in the dayroom, the Adjustment  
24 Committee can give them dayroom restriction, which means  
25 they would be in their cell.

1           We have intervene --

2       Q.       That would be violations issued to them by SDP  
3       program staff.

4       A.       No, that would be from --

5       Q.       Correct --

6       A.       -- DOC staff.

7       Q.       How do they know what they're doing in the  
8       dayroom?

9       A.       If they were written a ticket by an officer or by  
10      anyone, a nurse, whatever, for something that occurred in  
11      the dayroom, and that went to the Adjustment Committee,  
12      they would see where that infraction occurred and they  
13      could restrict them from that dayroom.

14      Q.       Okay. I'm just trying to get a clear  
15      understanding. would that ticket -- would the ticket  
16      initiate -- I don't care who ultimately issues it -- would  
17      it initiate from your staff?

18      A.       It could, but it wouldn't have to.

19      Q.       So, other than SDP staff, what -- are there IDOC  
20      employees or staff that are posted or, or who work out of  
21      the dayroom area?

22      A.       Yes. They walk through the dayroom on a regular  
23      basis.

24      Q.       Just walking through on their rounds?

25      A.       Yes. And if they chose to write a ticket for an

1 infraction, that individual would be -- they could be  
2 given a dayroom restriction. However, we have intervened  
3 in the Adjustment Committee. And if they are given  
4 dayroom restriction, they are allowed to come out for  
5 treatment.

6 Q. Do they ever get dayroom restriction initiated by  
7 any means by your staff?

8 A. It's called a different name but, yes, they can.  
9 It's called Intensive Therapy. And if an individual shows  
10 by their maladaptive behavior that they are disruptive to  
11 the process on the wing, since we run most of our groups  
12 and our program on the wing itself, they can be placed on  
13 Intensive Therapy. When they are placed on Intensive  
14 Therapy, they would be restricted to their cell except for  
15 those times when therapy -- when a therapist is on the  
16 wing. They would be allowed to come out and participate  
17 in --

18 Q. In group therapy.

19 A. -- their group therapy or be offered to join group  
20 therapy if they were not in therapy at that time.

21 Q. What is --

22 A. Or they would be offered extra therapy --

23 Q. What is intense about that therapy, other than the  
24 fact that they are restricted in their cell? I mean, why  
25 is that -- when I see the term "Intensive Therapy," I'm

1 assuming that means an enhanced degree of therapy.

2 Therapy on steroids.

3 A. And that's what they get. They get much more  
4 therapy than just their core group or their didactic  
5 group. They would have therapy at a table every hour --  
6 they would be offered that therapy every hour that there  
7 is a therapist on the wing to monitor their behavior.

8 Q. So, in order to get meaningful or to really get  
9 some really, really good bumped-up therapy, I gotta have a  
10 disciplinary violation so I can get on Intensive Therapy?

11 A. No, ma'am. They could volunteer for any, any  
12 group that runs --

13 Q. Okay.

14 A. -- at any time. Or they could be placed in any  
15 group.

16 Q. Gotcha. A couple more really quick questions:  
17 Since you have been there in 2013, have you ever -- has  
18 your program ever been understaffed?

19 A. No.

20 Q. You never had --

21 A. No.

22 Q. Never been a period of time when you didn't feel  
23 you had enough staff?

24 A. No.

25 Q. Never complained about not having enough staff?

1 A. That's a different question.

2 Q. No, it ain't.

3 A. I could use, always use more staff.

4 Q. Okay. Well, let me clarify the question. Have  
5 you ever either requested from IDOC additional staff that  
6 you did not receive or complained about the amount of  
7 staffing that you have had since you have been there in  
8 2013?

9 A. Not officially, no.

10 Q. Unofficially?

11 A. I have asked when they're going to bid the ones  
12 that are available, yes.

13 Q. During the time that, that we -- that the whole  
14 state was under that budgetary crisis, when the governor  
15 -- when they didn't pass the budget, did that affect your  
16 program in terms of the funding where you -- did that  
17 affect how your program was funded?

18 A. No, we functioned the same way.

19 Q. Okay. Thank you.

20 MR. ROCKERSHOUSEN: Nothing further, Your Honor.

21 MR. SPREHE: Briefly. Very briefly, Your Honor.

22 RECROSS-EXAMINATION

23 BY MR. SPREHE:

24 Q. Dr. Holt, I want to return to Plaintiff's  
25 Exhibit 3, page 6. Can you just read that second full



1 paragraph for me?

2 A. "Therefore, as a more intense therapy specific  
3 environment, when maladaptive/noncompliant behaviors  
4 indicate such a need, Intensive Therapy status may be  
5 therapeutically indicated in conjunction with or in the  
6 absence of Adjustment Committee sanctions."

7 Q. Is maladaptive or noncompliant behavior a synonym  
8 for bad behavior?

9 A. Yes.

10 MR. SPREHE: No further questions.

11 MR. ROCKERSHOUSEN: Nothing further, Your Honor.

12 THE COURT: Okay. Thank you, Doctor.

13 Any additional evidence, Mr. Rockershousen?

14 MR. ROCKERSHOUSEN: No, Your Honor. The  
15 defendants rest.

16 THE COURT: Okay. So, this is what we need to do.  
17 Once again, to be totally honest, there's no need for  
18 closing argument because the closing argument is designed  
19 for me, to give me the information and pull the evidence  
20 for me to make my decision. That's not how we're going to  
21 do this.

22 This case, I'm going to request specific findings  
23 of fact and conclusions of law and at that time, from  
24 that, I'm going to issue my ruling. And depending on what  
25 my ruling is, there may be a second part of that in terms

1 of, because what's been requested is injunctive relief.  
2 If my ruling is a liability ruling for the plaintiffs, I  
3 may or may not bifurcate designing the relief. It just  
4 depends on the situation.

5 So, that process, the way we are going to proceed  
6 with that, Chris is going to have the transcript completed  
7 in seven days.

8 Right?

9 THE REPORTER: Yes.

10 THE COURT: And the proposed findings of fact and  
11 conclusions of law will be due 30 days from whenever the  
12 transcript is filed. Both parties submit at the same  
13 time. It's not going to be staggered.

14 I will issue my ruling within 30 days after the  
15 receipt of the findings of fact and conclusions of law.

16 Won't I, Michelle?

17 LAW CLERK: Christmas.

18 THE COURT: Christmas? Yes.

19 LAW CLERK: Yes.

20 THE COURT: So that, that is the plan.

21 Now, before we break up today on the record, what  
22 we need to do is, I need to go down those -- the list of  
23 those exhibits that were provisionally entered during Dr.  
24 Cauley's testimony. And I need -- some of that, I need to  
25 make a ruling on, because some of those exhibits based on

1 the testimony are not independently admissible as  
2 substantive evidence. So, I need to go back and do that.

3 MR. SPREHE: Can I ask for quick clarification?

4 THE COURT: Yes.

5 MR. SPREHE: When you said the relief finding  
6 might be bifurcated, did you mean in a separate writing or  
7 in a separate hearing?

8 THE COURT: I don't think it's going to be a  
9 separate hearing, but I -- and I don't know. What I'm  
10 anticipating, the possibility -- so, one possibility is  
11 that I do my findings of fact and conclusions of law and,  
12 if there is a liability determination in favor of  
13 plaintiffs, that the injunctive relief will be included  
14 within that order.

15 But the other possibility is, because of the  
16 situation, and I don't obviously know where we are, where  
17 we're going to be, depending on the situation, I may  
18 solicit proposals in the case of liability, proposals from  
19 plaintiffs as to injunctive relief, proposed injunctive  
20 relief as well, separately. It just depends on the  
21 situation. I'm not there yet. It's still marinating in  
22 my head. But right now, it's not a whole lot of stuff  
23 happening in my brain. So, that's why I said it may or  
24 may not be.

25 MR. SPREHE: Thank you.

1 THE COURT: Okay. So, I think I have the ones in  
2 question circled. And, Michelle and/or Stacie, you're  
3 just going to have to go along with me.

4 And what I'd like to do, Mr. Tyrrell, I'm going to  
5 call off the number -- and I'm going on what I have -- I  
6 think I kept a good record of what you guys objected to,  
7 so let me go through the ones I know you objected to and  
8 then I can make a ruling on those. And if I miss any,  
9 then we could come back and you can let me know.

10 MR. ROCKERSHOUSEN: Yes, Your Honor.

11 THE COURT: Okay. So, Plaintiff's Exhibit 1,  
12 which was the Illinois Department of Human Services  
13 Treatment and Detention Facility Handbook, I believe --  
14 and that's for Big Muddy; right?

15 MR. TYRRELL: Exhibit 1 is for the Department of  
16 Human Services Treatment and Detention Facility in  
17 Rushville.

18 THE COURT: Okay. That's right. Anyway, there  
19 was testimony and, and not only did Dr. Cauley indicate  
20 that he relied upon it, he gave specifics in terms of the  
21 comparisons. So, for that reason, again, I'm going to  
22 stand on that admission.

23 MR. TYRRELL: Yes, Your Honor.

24 THE COURT: Plaintiff's No. 2, Big Muddy Inmate  
25 Orientation Manual. You did not object to that one.

1 MR. TYRRELL: Correct.

2 THE COURT: I think the next one I have that you  
3 objected to, it would have been No. 5? Joint Committee on  
4 Administrative Rules?

5 MR. TYRRELL: Yes, Your Honor.

6 THE COURT: I'm going to sustain the objection  
7 again to No. 5. Again, there was no testimony from which  
8 that exhibit would be independently admissible as  
9 substantive evidence.

10 No. 6. It's the Rushville schedule. Again, for  
11 comparison sake, I'm going to maintain my ruling on that.  
12 And it's admitted. It will remain admitted.

13 Same thing for No. 8 -- I mean, No. 7.

14 Then I think you objected to No. 9, the John  
15 Howard Association Monitoring Visit to Big Muddy. Again,  
16 that -- there was no real testimony regarding that. That  
17 report would be hearsay. There has been no witness to  
18 testify to that report that has any personal knowledge,  
19 and for that reason it is inadmissible hearsay.

20 MR. SPREHE: Your Honor, can I be heard on that?

21 THE COURT: Yes.

22 MR. SPREHE: We would contend that it falls under  
23 the periodical exception to hearsay because it's from a  
24 reliable source, and our expert did indeed rely on the  
25 statistics within that report.

1           THE COURT: The empirical research exception to  
2       hearsay, I think, is -- only applies when the information  
3       is used to cross-examine another expert. I believe that  
4       is the case. However, once again, it is clearly hearsay.  
5       In other words -- and I understand the attempt. I would  
6       attempt to get it in, too, if I had another organization  
7       that monitored the facility under different circumstances  
8       and they came back with their findings. The problem is,  
9       their findings are not -- were not admissible in this  
10      case.

11           So, as to Exhibit No. 9, that one will not -- so  
12      that one is -- will not be admitted as substantive  
13      evidence.

14           The next one that I have that you objected to,  
15      I've got No. 25. You objected to treatment plans and  
16      evaluations. Did you object to that, Mr. Tyrrell? Maybe  
17      I got that wrong.

18           MR. TYRRELL: I believe I did, Your Honor, just as  
19      some of the older records.

20           THE COURT: Well, I maintain my ruling as to that  
21      exhibit. So, the objection is overruled.

22           All right. The same thing as to Exhibits 29, 30,  
23      and 31, I think you objected.

24           MR. TYRRELL: Your Honor, I think 29, 30, and 31  
25      were all grievance documents and we objected on hearsay

1 grounds.

2 MR. SPREHE: May I respond, Your Honor?

3 THE COURT: Yes.

4 MR. SPREHE: They're not being used for the truth  
5 of the matter asserted.

6 THE COURT: What are they being admitted for?  
7 What purpose?

8 MR. SPREHE: It would go towards the grievance  
9 procedure that they're subjected to in the facility.

10 THE COURT: Just to show the grievance procedure?

11 MR. SPREHE: (Nonverbal response.)

12 THE COURT: It will be admitted for that limited  
13 purpose. So, the objections -- so my ruling on 29, 30,  
14 and 31 will remain. Again, I will not consider whatever  
15 the specific grievances are. That's not something I'm  
16 going to take into consideration at all. So, that would  
17 be the only purpose of it.

18 Next, I have 35 and 36, which are treatment  
19 records, group sign-up sheets. Did you object to those,  
20 Mr. Tyrrell?

21 MR. TYRRELL: I did, Your Honor, just as to older  
22 records.

23 THE COURT: Okay. Again, I'm going to maintain my  
24 ruling. The objections to 35, 36, 37, and 38 are  
25 overruled.

1           Okay. No. 40 is the SOTIPS Sex Offender Treatment  
2 Intervention and Progress Scale Manual.

3           I don't believe Dr. Cauley addressed this or  
4 discussed this, any portions of this manual during his  
5 testimony. So, I'm really not sure what the purpose of  
6 that exhibit is, or how that exhibit is independently  
7 admissible. Mr. Sprehe, do you want to help me out?

8           MR. SPREHE: No, Your Honor. I would love to.

9           THE COURT: Okay. So, Plaintiff's Exhibit No. 40,  
10 the objection in fact will be sustained and that one  
11 should be removed from evidence.

12           No. 41, State of Illinois Department of Human  
13 Services Treatment and Detention Facility Master Plan.  
14 Again, there was no specific testimony regarding this plan  
15 other than the fact that Dr. Cauley relied on it in some  
16 way or considered it as part of the standards. But again,  
17 there was no specific testimony or comparison to any of  
18 the plans in this case. So again, for that reason, I  
19 think --

20           MR. SPREHE: May I be heard on that, Your Honor?

21           THE COURT: After I finish what my thought is.

22           MR. SPREHE: Sorry.

23           THE COURT: -- for that reason, I don't think it  
24 is independently admissible.

25           Now you may, Mr. Sprehe.



1 MR. SPREHE: We would maintain that our expert was  
2 using that to show that a treatment plan that meets  
3 national standards can be -- is possible to be implemented  
4 in the State of Illinois, and we do believe he referred to  
5 this plan specifically because it was a Rushville plan.

6 THE COURT: Because it was what?

7 MR. SPREHE: The Rushville plan.

8 THE COURT: Oh, so 40 and 41 are the Rushville?

9 MR. SPREHE: Yes, Your Honor.

10 THE COURT: Okay. All right.

11 MR. ROCKERSHOUSEN: Not 40, just 41.

12 MR. SPREHE: 41 and 42, Your Honor.

13 THE COURT: 41 and 42. Okay. I didn't -- you  
14 know what? I didn't understand that those were the  
15 Rushville plan. For that, there was, there was definitely  
16 a comparison to the Rushville plans, the Rushville  
17 program, and Dr. Cauley specifically testified, he used  
18 that comparison in testifying to the acceptable standards  
19 in this case. So, 41 and 42 --

20 MR. TYRRELL: Your Honor? Just briefly. I  
21 apologize. I think 41 is just a blank treatment plan.

22 THE COURT: Okay.

23 MR. TYRRELL: I just wanted to make sure that was  
24 clear, just because the only thing I think Dr. Cauley  
25 referenced in regarding the Rushville treatment plan was

1 the general plan set forth in the procedure, in the  
2 manual, which is Plaintiff's Exhibit 1. He never  
3 discussed specifically the individualized treatment plans  
4 at the Rushville Treatment and Detention Facility.

5 THE COURT: what his opinion was, is that the  
6 program, including the treatment plan that they use, were  
7 consistent with acceptable standards. I'd like to be able  
8 to look at the treatment plan that he's talking about.

9 MR. TYRRELL: Yes, Your Honor.

10 THE COURT: So, now you lost me. I told you, I  
11 don't have much --

12 MR. TYRRELL: Sorry, Your Honor.

13 THE COURT: We're on 41 and 42. Where were we?

14 MR. SPREHE: You admitted 41 and 42, Your Honor.

15 THE COURT: Yes, 41 and 42 will remain admitted.

16 Now we come to -- I think the next -- I think  
17 that's it. That's all I have, as far as -- oh, that's all  
18 I have as far as -- what have you got, Stacie?

19 (Off the record.)

20 THE COURT: Okay, Mr. Tyrrell, did you object to  
21 Plaintiff's Exhibit 17?

22 MR. TYRRELL: I did. There is additional  
23 commentary that was written on these documents, and it's  
24 also repetitive of some of the other admitted exhibits  
25 because they're just part of the treatment manual and part

1 of the semi annual program evaluations.

2 THE COURT: Okay. Well, I haven't seen them yet.

3 MR. TYRRELL: Okay.

4 THE COURT: They're not inadmissible for any other  
5 reason, so I'm going to overrule the objection and they  
6 will remain in evidence.

7 And finally, 28. That was Mr. Howe's request for  
8 substance abuse counseling.

9 MR. TYRRELL: Yes, Your Honor. We did object to  
10 that as hearsay.

11 THE COURT: Well, that remains overruled and that  
12 -- No. 28 will stay in evidence.

13 I think that's all.

14 Michelle, do you have any additional?

15 LAW CLERK: No. Those are the ones that Stacie  
16 and I had.

17 THE COURT: That Stacie what?

18 LAW CLERK: That Stacie and I talked about.

19 MR. SIMMONS: Can we get a clarification on  
20 Exhibit 24?

21 THE COURT: What clarification, Mr. Simmons?

22 MR. SIMMONS: Well, I think you made an oral  
23 ruling and everyone jotted it down but me, and I didn't --  
24 I wanted to make sure I got it right.

25 THE COURT: Oh, it was admitted without objection.

1 MR. SIMMONS: Okay. Thank you.

2 THE COURT: No. 24?

3 MR. SIMMONS: Yes.

4 THE COURT: The calculation of the hours?

5 MR. SIMMONS: Yes.

6 THE COURT: That wasn't objected to. It's in  
7 evidence.

8 MR. SIMMONS: Thanks.

9 THE COURT: Okay. Any other housekeeping matters?

10 MR. ROCKERSHOUSEN: Your Honor, for the proposed  
11 findings of fact and conclusions of law, is there a page  
12 limit that's established in your procedures -- okay.

13 THE COURT: I don't believe so.

14 LAW CLERK: No.

15 MR. ROCKERSHOUSEN: Okay.

16 THE COURT: There might be a page limit  
17 established by my ADD, but I can't give you that number.

18 MR. ROCKERSHOUSEN: Sure. Thank you, Your Honor.

19 THE COURT: Anything else?

20 MR. SPREHE: No, Your Honor.

21 THE COURT: Okay. All right. So, we will end the  
22 evidence in this case. Chris has got some work to do.  
23 The transcripts will be filed in seven days, and the  
24 parties have until the 30th day thereafter to  
25 simultaneously file their findings of fact and conclusions

1 of law.

2 And I know it's getting into the holiday piece but  
3 I'm, I'm going to suggest that I might not be inclined to  
4 give extensions simply because I know what our docket is  
5 and I really, I think it's in everybody's interest to get  
6 the rulings in and to get this -- this thing disposed of  
7 and, you know, get the order in. And if we get past a  
8 certain point, then it may take longer.

9 So, I understand the holidays and everything but  
10 -- and under exceptional circumstances, but if I give one  
11 party an extension, I'm going to give them both because I  
12 want them simultaneous. I don't want to read tit for tat.  
13 Okay? I want everybody to put your best foot forward at  
14 the outset and we'll go from there.

15 okay? All right. Thank you.

16 (Court adjourned at 4:16 p.m.)  
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REPORTER'S CERTIFICATE

I, Christine Dohack LaBuwi, RDR, RMR, Official Court Reporter for the U.S. District Court, Southern District of Illinois, do hereby certify that I reported with mechanical stenography the proceedings contained in pages 197-442; and that the same is a full, true, correct and complete transcript from the record of proceedings in the above-entitled matter.

DATED this 26th day of October, 2018,

*s/Christine Dohack LaBuwi, RDR, RMR*

Christine Dohack LaBuwi, RDR, RMR